

Legislative Assembly of Alberta

Title: **Wednesday, February 15, 1995**

1:30 p.m.

Date: 95/02/15

[The Speaker in the Chair]

head: **Prayers**

THE SPEAKER: Let us pray.

Our Father, keep us mindful of the special and unique opportunity we have to work for our constituents and our province, and in that work give us strength and wisdom.

Amen.

head: **Presenting Petitions**

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

MR. LANGEVIN: Thank you, Mr. Speaker. I beg leave to table a petition today in the Assembly signed by constituents from the communities of Elk Point and Lindbergh requesting this government not to include sexual orientation as part of the Individual's Rights Protection Act.

Thank you, Mr. Speaker.

MRS. ABDURAHMAN: Mr. Speaker, as a Canadian in Alberta I'm proud to present a petition representing 149 constituents pertaining to the lack of funding and definition for the mild to moderate children in special education programs.

THE SPEAKER: The hon. Leader of the Opposition.

MR. MITCHELL: Thank you, Mr. Speaker. I rise to present a petition signed by upwards of 200 residents of the west end of Edmonton calling for the government of Alberta to allow school boards

to use money from the Alberta School Foundation Fund to fund 400 hours or more of Early Childhood Services, as determined by the local community.

THE SPEAKER: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker. I would like to introduce a petition. This urges the government of Alberta to fully fund kindergarten. The undersigned residents of this petition, some 334 from Edmonton and its immediate surrounding trading area, petition the Legislative Assembly to ensure that a minimum of 400 hours of ECS are provided to every child.

head: **Reading and Receiving Petitions**

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

MR. HENRY: Thank you, Mr. Speaker. I would ask that the petition I presented in this House yesterday regarding full funding for kindergarten in this province be now read and received.

CLERK:

We the undersigned Residents of Alberta petition the Legislative Assembly to urge the Government of Alberta to ensure all Alberta school boards provide the opportunity for each eligible child to receive a minimum of 400 hours of Early Childhood Services instruction per year.

We also request the Assembly to urge the Government of Alberta to allow Alberta School Boards to use money from the

Alberta School Foundation Fund to fund 400 hours or more of Early Childhood Services, as determined by the local community, so that there are no ECS user fees for 400 hour programs and so that all Alberta children have an equal opportunity or "level playing field" to succeed and compete in life by having equal access to basic educational resources.

THE SPEAKER: The hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Mr. Speaker. I request that the petition I filed in the Legislature yesterday now be read and received, please.

CLERK:

We the undersigned Residents of Alberta petition the Legislative Assembly to urge the Government of Alberta to ensure all Alberta school boards provide the opportunity for each eligible child to receive a minimum of 400 hours of Early Childhood Services instruction per year.

We also request the Assembly to urge the Government of Alberta to allow Alberta School Boards to use money from the Alberta School Foundation Fund to fund 400 hours or more of Early Childhood Services, as determined by the local community, so that there are no ECS user fees for 400 hour programs and so that all Alberta children have an equal opportunity or "level playing field" to succeed and compete in life by having equal access to basic educational resources.

MR. VAN BINSBERGEN: Mr. Speaker, I request that the petition I presented yesterday regarding early childhood services be read and received. The Clerk ought to know it by heart by now.

CLERK:

We the undersigned Residents of Alberta petition the Legislative Assembly to urge the Government of Alberta to ensure all Alberta school boards provide the opportunity for each eligible child to receive a minimum of 400 hours of Early Childhood Services instruction per year.

We also request the Assembly to urge the Government of Alberta to allow Alberta School Boards to use money from the Alberta School Foundation Fund to fund 400 hours or more of Early Childhood Services, as determined by the local community, so that there are no ECS user fees for 400 hour programs and so that all Alberta children have an equal opportunity or "level playing field" to succeed and compete in life by having equal access to basic educational resources.

head: **Introduction of Bills**

Bill 2

Advanced Education Statutes Amendment Act, 1995

MR. ADY: Mr. Speaker, I request leave to introduce Bill 2, the Advanced Education Statutes Amendment Act, 1995.

This Bill includes amendments to the colleges, technical institutes, and universities Acts. Amendments to these Acts will, first, allow colleges and technical institutes to grant applied degrees; secondly, permit the Alberta College of Art to grant bachelor of fine arts degrees; third, put conditions on staff membership on institutions' boards of governors and clarify when educational institutions can use the word "university" in their names.

[Leave granted; Bill 2 read a first time]

THE SPEAKER: The hon. Government House Leader.

Bill 3
Managerial Exclusion Act

MR. DAY: Thank you, Mr. Speaker. I beg leave to introduce Bill 3, which is the Managerial Exclusion Act.

This legislation will correct an inconsistency in how exclusions are handled in the fire service for labour relations purposes.

[Leave granted; Bill 3 read a first time]

Bill 10
Alberta Heritage Scholarship Amendment Act, 1995

MR. ADY: Mr. Speaker, I request leave to introduce Bill 10, the Alberta Heritage Scholarship Amendment Act, 1995. This being a money Bill, His Honour the Lieutenant Governor, having been informed of the contents of this Bill, recommends the same to the Assembly.

This Bill authorizes the Alberta heritage scholarship fund to accept gifts and other moneys for the provision of scholarships. Second, it broadens the range of awards that may arise from gifts and other moneys paid into the fund and, third, authorizes the charging of fees on scholarships other than Alberta heritage scholarships to offset the costs of administering scholarships under the Act.

[Leave granted; Bill 10 read a first time]

THE SPEAKER: The hon. Member for Calgary-Fish Creek.

Bill 11
Students Finance Amendment Act, 1995

MRS. FORSYTH: Thank you, Mr. Speaker. I request leave to introduce the Students Finance Amendment Act, 1995.

This Bill promotes a more level playing field between public and private institutions. It will allow the Students Finance Board to award student financial assistance to students in private institutions even when the programs they are enrolled in are available at public institutions.

[Leave granted; Bill 11 read a first time]

1:40

MR. DAY: Mr. Speaker, I would move that Bill 11 as just introduced be moved onto the Order Paper under Government Bills and Orders.

[Motion carried]

THE SPEAKER: The hon. Leader of the Opposition.

Bill 202
**School (Early Childhood Services)
Amendment Act, 1995**

MR. MITCHELL: Thank you, Mr. Speaker. I request leave to introduce Bill 202, the School (Early Childhood Services) Amendment Act, 1995.

This Bill would mandate the provision of a minimum of 400 hours of kindergarten by all school boards across the province thereby providing a level playing field and equal opportunity for all children in Alberta.

[Leave granted; Bill 202 read a first time]

THE SPEAKER: The hon. Member for Calgary-Fish Creek.

Bill 203
Family Day Amendment Act, 1995

MRS. FORSYTH: Thank you, Mr. Speaker. I beg leave to introduce Bill 203, the Family Day Amendment Act, 1995.

This Act would change Family Day to a day of public celebration to be held on the third Sunday of February. This Bill would allow Albertans to continue to reflect on the importance of the family.

[Leave granted; Bill 203 read a first time]

THE SPEAKER: The hon. Member for Little Bow.

Bill 204
Liquor Control Amendment Act, 1995

MR. McFARLAND: Thank you, Mr. Speaker. I request leave to introduce a Bill being the Liquor Control Amendment Act, 1995.

This Bill would raise the legal age for the purchase, sale, and consumption of alcohol products to 19 years in an effort to eradicate drinking among high school aged youths to cut down on the large number of fatal accidents involving this age group and to make Alberta's drinking age consistent with our neighbouring provinces of B.C. and Saskatchewan.

[Leave granted; Bill 204 read a first time]

THE SPEAKER: The hon. Member for Edmonton-Whitemud.

Bill 205
Debt Retirement Act

DR. PERCY: Thank you, Mr. Speaker. I request leave to introduce Bill 205, the Debt Retirement Act.

This Bill provides for the orderly pay-down of Alberta's provincial debt over a 24-year period. It provides for an explicit link between the orderly liquidation of the heritage savings trust fund and the application of those funds to high-cost external debt.

[Leave granted; Bill 205 read a first time]

THE SPEAKER: The hon. Member for Lethbridge-East.

Bill 206
Agricultural Land Conservation Easement Act

DR. NICOL: Thank you, Mr. Speaker. I request leave to introduce Bill 206, the Agricultural Land Conservation Easement Act.

This Bill would allow a landowner to keep land in agriculture or other natural use for a specific term or in perpetuity by entering into a conservation easement agreement with a recognized society, government agency, or municipality.

[Leave granted; Bill 206 read a first time]

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

Bill 207
Maintenance Enforcement Amendment Act, 1995

MRS. HEWES: Thank you, Mr. Speaker. On behalf of my colleague the Member for Spruce Grove-Sturgeon-St. Albert I beg

leave to introduce Bill 207, the Maintenance Enforcement Amendment Act, 1995.

This Bill will strengthen child maintenance collection provisions by deducting support payments at source.

[Leave granted; Bill 207 read a first time]

THE SPEAKER: The hon. Member for Stony Plain.

Bill 208

Emblems of Alberta Amendment Act, 1995

MR. WOLOSZYN: Thank you, Mr. Speaker. I request leave to introduce a Bill being the Emblems of Alberta Amendment Act, 1995.

This amendment would designate the fish commonly known as the bull trout as the official fish of Alberta.

[Leave granted; Bill 208 read a first time]

THE SPEAKER: The hon. Member for Calgary-Egmont.

Bill 209

Limitation of Actions Amendment Act, 1995

MR. HERARD: Thank you, Mr. Speaker. With your leave I'm pleased to introduce Bill 209, being the Limitation of Actions Amendment Act, 1995.

This Bill will deal with inconsistencies with respect to the commencement of actions against certain professionals.

[Leave granted; Bill 209 read a first time]

THE SPEAKER: The hon. Member for Innisfail-Sylvan Lake.

Bill 210

Teaching Profession Amendment Act, 1995

MR. SEVERTSON: Thank you, Mr. Speaker. I request leave to introduce Bill 210, entitled the Teaching Profession Amendment Act, 1995.

The purpose of this Bill is to permit teachers to teach in the public and separate schools without being members of the Alberta Teachers' Association but still requires all teachers to continue paying dues to the ATA.

[Leave granted; Bill 210 read a first time]

Bill 211

Protection for Persons in Care Act

MR. TANNAS: Mr. Speaker, I request leave to introduce a Bill being the Protection for Persons in Care Act.

Mr. Speaker, Bill 211 will provide protection from abuse to vulnerable people who are in care, and it will provide protection for the complainants, whether they be service providers, clients, or other individuals.

[Leave granted; Bill 211 read a first time]

Bill 212

Motor Vehicle Administration Amendment Act, 1995

MR. DOERKSEN: Mr. Speaker, I request leave to introduce a Bill being the Motor Vehicle Administration Amendment Act, 1995.

This Bill recognizes the risks associated with beginning drivers. It introduces additional restrictions which are aimed at reducing the unfortunate carnage on our highways and streets.

[Leave granted; Bill 212 read a first time]

1:50

Bill 213

Public Accounts Committee Act

MRS. ABDURAHMAN: Mr. Speaker, I request leave to introduce Bill 213, the Public Accounts Committee Act.

This Bill would enshrine the mandate of the Public Accounts Committee to scrutinize both past and present expenditures made by the government to ensure that the resulting policies and programs are implemented and delivered in a cost-effective and efficient manner.

Thank you, Mr. Speaker.

[Leave granted; Bill 213 read a first time]

Bill 214

Victims of Violence Act

MRS. LAING: Mr. Speaker, I beg leave to introduce a Bill being the Victims of Violence Act.

Mr. Speaker, this Bill, 214, will ensure among other things that victims are treated with respect and dignity and also have access to and are informed of the services available to them.

Thank you.

[Leave granted; Bill 214 read a first time]

THE SPEAKER: The hon. Member for Edmonton-Glenora.

Bill 215

**Alberta Health Care
Entitlement and Accountability Act**

MR. SAPERS: Thank you, Mr. Speaker. I request leave to introduce Bill 215, the Alberta Health Care Entitlement and Accountability Act.

This Bill would legislate the right to basic health care for all Albertans and would ensure that the government, this government, is held accountable for providing health care services efficiently.

[Leave granted; Bill 215 read a first time]

THE SPEAKER: The hon. Member for Calgary-Mountain View on behalf of the hon. Member for Calgary-Montrose.

Bill 216

Universities Amendment Act, 1995

MR. HLADY: Thank you, Mr. Speaker. I request leave to introduce for the hon. Member for Calgary-Montrose Bill 216, being the Universities Amendment Act, 1995.

The intent of this Bill is that the academic staff of universities will spend no fewer than 12 hours a week in their classroom.

[Leave granted; Bill 216 read a first time]

THE SPEAKER: The hon. Member for Medicine Hat.

Bill 217**Law of Property Amendment Act, 1995**

MR. RENNER: Thank you, Mr. Speaker. I beg leave to introduce a Bill being the Law of Property Amendment Act, 1995.

Mr. Speaker, this Act will amend the Law of Property Act to ensure that mortgage foreclosure proceedings take place in the judicial district in which the land is situated.

[Leave granted; Bill 217 read a first time]

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

Bill 218**School Amendment Act, 1995**

MR. AMERY: Thank you, Mr. Speaker. I request leave to introduce a Bill being the School Amendment Act, 1995.

The purpose of this Bill, Mr. Speaker, is to mandate a minimum of 240 hours of ECS instruction so that a level playing field will be created for all Alberta children.

Thank you.

[Leave granted; Bill 218 read a first time]

THE SPEAKER: The hon. Member for Bow Valley.

Bill 219**Non-Smokers' Health Act**

DR. OBERG: Thank you, Mr. Speaker. It's an absolute delight today to request leave to introduce Bill 219, the Non-Smokers' Health Act.

This Bill will establish the provincial government as leaders by example in the battle against smoking.

[Leave granted; Bill 219 read a first time]

THE SPEAKER: The hon. Member for Sherwood Park.

Bill 220**Crown Mineral Disposition Review Committee Act**

MR. COLLINGWOOD: Thank you, Mr. Speaker. I request leave to introduce Bill 220, the Crown Mineral Disposition Review Committee Act.

This Bill would require that the proposed sales of Crown mineral leases in protected areas such as provincial parks and prime protection zones are advertised prior to their consideration by the Crown Mineral Disposition Review Committee. This provides the public with an opportunity to make written submissions for consideration by the committee when reviewing proposed leases.

[Leave granted; Bill 220 read a first time]

head: **Tabling Returns and Reports**

THE SPEAKER: The hon. Minister of Environmental Protection.

MR. LUND: Thank you, Mr. Speaker. In keeping with this government's openness in provision of information, I am tabling today in response to Motion 211 four copies of the 1992 program reviews of the Department of Environmental Protection for the

Whitecourt forest area and the Edson forest area. If members care to have their individual copies, they can pick them up at my office.

MRS. ABDURAHMAN: Mr. Speaker, it gives me pleasure to introduce four copies of a letter I received from St. Luke School, South Cooking Lake, urging

the Legislature of the province of Alberta to amend the Alberta School Act to mandate the right of access to fully funded kindergarten programming to a minimum of 400 hours per child per school year.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for St. Albert.

MR. BRACKO: Thank you, Mr. Speaker. I request leave to table two copies of a government report, *New Directions: Alberta Lotteries*. This is to clear up the confusion that government members had last night about the amount of revenue taken in by gambling. I encourage the confused members to read it.

head: **Introduction of Guests**

THE SPEAKER: The hon. Government House Leader.

MR. DAY: Thank you, Mr. Speaker. I have the honour of two introductions today, the first being the president of the Canada Day Committee, who happens to be a constituent from Red Deer-North. Edna Allwright is in the gallery today, and I can tell you that Edna is a vital and vibrant community leader contributing significantly in Red Deer on many issues: community issues, health care issues, certainly the Canada Day Committee. She also has carried the colours for the federal Liberal Party and, in spite of that, is just a wonderful citizen and a wonderful person.

Mr. Speaker, it's also an honour to have with us in the Legislature today some of the keenest senior managers from the federal, provincial, and territorial governments across western Canada. These individuals are all members of the Canadian Centre for Management Development's 1995 career assignment program. Mr. Speaker, as part of their educational phase they're learning about the way our provincial government works by visiting the House and meeting with representatives of both the government and the public service. I would invite all of those members to stand and receive the warm welcome of the Assembly.

2:00

MR. JONSON: It is my pleasure to introduce to you and through you to members of the Assembly Mr. George Molloy, acting director of the Council of Ministers of Education, Canada. Although now residing in Toronto, Mr. Speaker, Mr. Molloy was raised and educated in Saskatoon. He has worked with the Council of Ministers of Education, Canada for the past 25 years. Mr. Molloy is presently in the city for meetings, and he's preparing for the upcoming meetings of the ministers of education across Canada later this month. I ask that Mr. Molloy rise and receive the warm welcome of this Assembly.

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

MR. HENRY: Thank you very much, Mr. Speaker. It's with great pleasure that I'd like to introduce 21 individuals. They are students at Grant MacEwan College, the city centre campus, in my riding, but they originally come from a variety of communities in northern Alberta, Fort McMurray, as well as Meadow Lake in Saskatchewan and others. They are attending Grant MacEwan

College, as I said, in the native women career preparation program. They're accompanied by their instructor, Ms Lynda Ferguson. They're in the public gallery, and I would ask that they rise and receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Member for Cypress-Medicine Hat.

DR. L. TAYLOR: Thank you. It's a pleasure to introduce to you and through you a constituent from Medicine Hat, Mr. Jon Close. He's the CEO of Entre-Corp, a business development think tank in our community, and is doing an excellent job. I'd ask Jon to rise and be greeted by the House.

MR. MITCHELL: Mr. Speaker, it gives me great pleasure to introduce to you and through you to Members of the Legislative Assembly Mr. and Mrs. Leibovici. They are, of course, the parents of the member of our caucus from Edmonton-Meadowlark. They are from Montreal. I know that today is a particularly proud day for them because it's the first time that they've been in the Legislature to see their daughter take her seat as the Member for Edmonton-Meadowlark. I would ask that they rise in the Legislature – they already have – and receive our welcome.

head: **Ministerial Statements**

THE SPEAKER: The hon. the Premier.

30th Anniversary of Canadian Flag

MR. KLEIN: Thank you, Mr. Speaker. It was 30 years ago today that our country formally adopted its own national flag. Historians tell us that the maple leaf was first used as a symbol of this land almost 300 years ago. This symbol has since evolved into a stirring red and white flag that Albertans and their fellow Canadians raise with great pride from sea to sea.

The maple leaf has accompanied Canadian soldiers to peacekeeping missions on behalf of the United Nations throughout the world. It has welcomed the world to Canada's shores from our centennial celebrations in 1967 through to the Calgary Olympic Winter Games and beyond, and it has graced the homes, the streets, and the community halls of the vast and rich tapestry of Canadians who continue to fulfill its promise each day.

So on this the 30th anniversary of our national flag let us never forget how fortunate and how blessed we all are to be able to fulfill the promise of Canada, to live in an absolutely beautiful country, in communities that are safe and clean, to have the cherished freedom to think and to live as we choose, and to be able to raise this bold, simple, and powerful flag with all our hearts.

Mr. Speaker, may history continue to bless this country, this magnificent treasure that we are so privileged to share. May it remain proud, strong, and free, and may we as Albertans and all of our fellow Canadians continue working together to keep it that way today and always.

Thank you.

MR. MITCHELL: Mr. Speaker, I am delighted that we have reached the point as a nation where we can pause in this Legislature to recognize our national flag. Our flag, which rightfully occupies that place of honour in this Assembly and many places of honour in the Assembly today, was adopted by Parliament on October 22, 1964, and proclaimed by Queen Elizabeth II on February 15, 1965. I would like to point out that it is of particu-

lar significance, special significance to members on this side of the Legislature that it was a Liberal Prime Minister and his government that took the initiative in making our distinctively Canadian flag a reality.

This flag is one of the extremely important symbols not just of our country but I believe of what we are as a people. It conjures up for me, Mr. Speaker, a place that is literally the envy of the world. We are the envy of the world not simply because of our unparalleled wealth and our unparalleled beauty but much more importantly because of the type of people that we are. We are seen to be a generous and a compassionate people who value highly fairness and equality and who somehow put giving ahead of taking. We are seen to be a people who, based upon these values, have created some of the most remarkable and appealing communities in the world.

It is this flag to which young Canadians across this country pledge their allegiance, and today I think we would do well to remind ourselves of that pledge: I pledge my love to the flag of my country where all live in friendship from sea to sea; I pledge my loyalty to the emblem of my country, the sign of a nation where all people are free. May our work in this Legislature always be commensurate with our basic values as Canadians and with that pledge.

head: **Oral Question Period**
Health Care System

MR. MITCHELL: Mr. Speaker, Mr. Stanley Hess needs \$500 per month in special medical supplies simply to stay alive. On his AISH income he has been reduced to a choice between hospitalization for life at \$600 a day or to charity. To the Premier: is it somehow part of the Premier's planned health care chaos that Albertans will have to rely upon charity to cover critical medical costs?

MR. KLEIN: Mr. Speaker, I haven't been briefed on this particular case, and I would like to defer to the hon. Minister of Health.

MRS. McCLELLAN: Well, Mr. Speaker, it would not be appropriate for me to discuss an individual in this Legislature. However, I am quite prepared to discuss the issue, and the issue is of a substance that is required for an individual that is not a drug and is not covered under Alberta Blue Cross. In many cases these are nutritional supplements. It is my understanding in this particular instance that this has been resolved. However, it is a much more complex issue that needs to be discussed.

Certainly the hon. member I believe was alluding to the fact that where people have financial difficulties, Family and Social Services indeed will help them. However, I have made it clear in our business plan and in conversations on this that we are prepared to work towards making medical and other supplies available for home treatment, and we are working with institutions who in many cases are able to transfer that to the home.

It is an issue that we obviously must address as we can further discharge people from institutions, but in this case, Mr. Speaker, nutritional supplements are simply just not covered by Blue Cross. They may be covered by a private insurance plan.

MR. MITCHELL: Mr. Hess is earning about \$800 a month on AISH. Could the Premier or the Minister of Health, whomever, tell us how it is that Mr. Hess can possibly be required to spend

\$500 a month on these basic medically required medical services when he's earning \$800 a month.

2:10

MRS. McCLELLAN: Mr. Speaker, I did indicate in my earlier answer that I would not respond on an individual's particular case. However, I did respond that it was my understanding that this issue in this particular instance has been responded to satisfactorily to the individual.

MR. MITCHELL: We spoke to him and to people who are aware of his case as recently as about an hour ago, and it has simply not been resolved.

The minister continually speaks from the general and forgets that it is specific people in this province who are falling through the cracks of her health care system. What more evidence does the Premier need before he admits that chaos does reign in his health care system and that his cuts are hurting not customers but people?

MR. KLEIN: Mr. Speaker, basically we're going through a restructuring, as the Liberal opposition well knows, to reduce the hospital boards to 17 from 200, to devise ways of providing community health services, to make the system overall more effective and more efficient. That is the general outline of the program.

Mr. Speaker, when the Liberals talk about chaos, they should know what chaos is all about. All they have to do is look at their leadership convention. That was a good example of chaos, confusion, confrontation, controversy. That was an absolute mess. I'm deeply interested in the report of the person who was hired to investigate this fiasco, and I would hope that they would table it in the House.

MR. MITCHELL: Of course, if the Premier would like to talk about telephone chaos, maybe we should have a special debate on the NovAtel fiasco. He was here. He was here. Nineteen ninety-one. He voted for the 525 . . . [interjections]

THE SPEAKER: Order.

Provincial Tax Regime

MR. MITCHELL: The Premier knows it fully well, Mr. Speaker, but he never really wants to talk about just how much he has raised health care premiums and user fees since taking office a couple of years ago. These are very, very significant tax increases. Why did the Premier promise in 1992 that he would see that there would be no tax increases and no new user fees in the first year as Premier and then turn around and jack up taxes and user fees by \$55 million?

MR. KLEIN: The hon. disputed leader of the Liberal Party alludes to jacking up user fees. I don't recall mentioning that issue at all. Certainly we alluded to taxes, and we said quite clearly to the electorate of this province that this government would not raise taxes, that it would not seek the easy way out, the brainless way out like the Liberals would by raising taxes and by introducing a sales tax. No, Mr. Speaker. We said that we would not do that. That's why today the Fraser Institute says that this is the best financially managed jurisdiction on the North American continent.

MR. MITCHELL: Mr. Speaker, the Fraser Institute believes that because the Premier misled them in his speech, where he said . . .

THE SPEAKER: Order please. Supplementals are to be without preamble.

MR. MITCHELL: How can the Premier keep saying that he is balancing the budget solely on the cost side, as he boldly said to the Fraser Institute in this particular speech, Mr. Speaker, when in fact user fees and health care premiums are going up over 40 percent during his term in office to \$1.1 billion?

MR. KLEIN: Mr. Speaker, user fees have been adjusted to bring them in line with the cost of providing the service. Relative to health care premium costs I would like the hon. Health minister to correct this statement by the hon. Leader of the Opposition.

MRS. McCLELLAN: Mr. Speaker, it is clear in the Alberta Health business plan, a copy of which the hon. member I'm sure could have access to, that health care premiums would rise by about 20 percent over the life of the business plan to come to close to 20 percent of the cost of delivering health services in this province.

MR. MITCHELL: We learned something today: the Premier doesn't raise taxes; he adjusts taxes. How can the Premier say he hasn't raised taxes when health care premiums are going up during his term in office from \$512 million to \$666 million? When you have no choice but to pay them, Mr. Speaker, they are a tax.

MR. KLEIN: Mr. Speaker, a fee for service or a premium is not a tax. It is not a tax. The kinds of things that the Liberals would like to see and would probably institute if they ever had the authority to do so – and God forbid; they won't, not for a long, long, long time. They would like to see us increase income tax. They would like to see us increase corporate tax. They would like to see us introduce a sales tax. They would like to introduce new and imaginative ways of creating new taxes, like luxury taxes and payroll taxes. That's what that party is all about.

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

Professions and Occupations

MS LEBOVICI: Thank you, Mr. Speaker. Yesterday the Premier said that he would not – not – commit to bringing delegated administrative organizations and privatization initiatives to this Assembly for debate. As a result, changes to the professions and occupations division can be made, without any legislative debate, to a system that – and I quote from the document – does an excellent job of protecting the public from "charlatans and quacks". As a minimum, the professions and occupations affected by this change should be consulted. My question to the Premier is: if the current system works, why are you dismantling it?

MR. KLEIN: Mr. Speaker, nothing has been dismantled; the system is being improved. It was the Liberals who released yesterday the discussion paper that is out there purely for the purpose of consultation with at least the chartered accountants, the legal profession, and the medical profession.

MS LEBOVICI: I would like to table a document that we put together this morning. We consulted with about 20 associations of which 18 indicated that they had not been consulted, including those that the Premier has indicated were consulted.

My question is: why is the government interested in pursuing this deregulation of professional and safety standards without any analysis with regards to cost benefit or demonstrated benefits?

MR. DAY: Mr. Speaker, as that particular paper clearly points out, there are approximately 45 different professions and occupations that are administered by a number of statutes, three omnibus Bills, several different departments. What we are saying to them and to the public in the discussion paper that they have – it's already been circulated and was mysteriously in the business plan two years ago – is: would you like a one-window approach; would you like to limit the amount of administration and deliver a quality service for less money? The Liberals are opposed to that.

MS LEIBOVICI: The business plans unfortunately talked about something totally different.

Will the Premier admit that it is ideology solely that is driving your agenda and not any improvement to the current system?

MR. KLEIN: The answer, Mr. Speaker, is simply no.

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

2:20

Suncor Inc.

MR. AMERY: Thank you, Mr. Speaker. This morning the president of Suncor announced that the head office of Suncor is relocating to Calgary from Toronto. Can the hon. minister responsible for Economic Development and Tourism explain to the House what economic benefits the province of Alberta will receive from this move?

MR. SMITH: Well, Mr. Speaker, it's a very pleasant task to rise in my first response to a keen question. In fact, yes, Suncor is moving its head office to Calgary. The investment of this company in Alberta will benefit all Albertans. The movement will be 43 jobs. I think that businessmen always speak best for themselves, so I'll just simply table the press release from Suncor indicating the reasons for their move. It gives me great pleasure to welcome their head office to Alberta.

MR. AMERY: Mr. Speaker, other provinces in Canada have been attempting to attract business by offering tax holidays, incentives, and direct subsidies. Can the minister responsible for Economic Development and Tourism tell the House whether or not the government of Alberta offered any direct incentives to Suncor to facilitate this move?

MR. SMITH: No. No, Mr. Speaker.

THE SPEAKER: Final supplemental.

MR. AMERY: Thank you, Mr. Speaker. Can the minister responsible for Economic Development and Tourism inform the House as to whether any other businesses are coming to Alberta in the near future?

MR. SMITH: Mr. Speaker, in fact businesses unlike some other areas make sound decisions based on sound facts, and as the facts come forward as to the progress of this government being able to work with business, then I would look forward to seeing other businesses relocating in Alberta.

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

Premier's Attendance at Meetings

MR. CHADI: Thank you very much, Mr. Speaker. [some applause] Boy, you ain't going to be clapping much longer.

Mr. Speaker, as we've already seen today, the Premier makes promises he can't or maybe won't keep. We know that the Premier promised to meet with the Metis settlements group, and then he failed to attend. He also promised to meet with the young presidents organizations a couple of weeks ago and showed up a couple of hours late. Well, now we learn this morning that the Interfaith Coalition, too, was stood up by the Premier. My question is to the Premier. Why does the Premier make promises to Albertans and other Canadians, including other Premiers, to meet at prearranged times and simply fail to show up?

THE SPEAKER: Supplemental question.

MR. CHADI: Well, perhaps he'll answer this one. Since the Premier attends meetings on behalf of all Albertans, will he commit to tightening up his scheduling procedures and taking these meetings seriously?

THE SPEAKER: Final supplemental.

MR. CHADI: Again he can't answer it, Mr. Speaker.

Will the Premier perhaps, then, commit to rescheduling meetings with those Albertans like the Interfaith Coalition that had a meeting with the Premier and people like the Metis settlements group? Will he do that? Because he previously stood them up, will he redo those meetings then?

MR. KLEIN: First of all, I will check with my appointments secretary to determine what happened relative to the Interfaith Coalition. I have no idea. I don't know that they asked for a meeting or that we had confirmed to meet with them. Perhaps I asked another minister to attend on my behalf, Mr. Speaker.

I would like to point out to this hon. member that I attend hundreds of meetings throughout this province. I get out from under the dome. I meet with constituents all over the province, Mr. Speaker. I'm not doing this just Monday through Friday. I'm doing this on weekends as well. Let's talk about the hundreds and hundreds of meetings I do attend, maybe not about the one or two that I have missed.

I will give an undertaking to the hon. member, Mr. Speaker, to find out what happened with respect to the Interfaith Coalition.

Seniors' Facilities

MR. DUNFORD: Well, Mr. Speaker, clearly we need somebody to try and raise the standard of questions here in question period.

My question is to the Minister of Family and Social Services. There have been recent community concerns in Lethbridge about the licensing of residences that will look after senior citizens. Could the minister tell the House what procedures are in place to license these facilities?

THE SPEAKER: The hon. Minister of Family and Social Services.

MR. CARDINAL: Thank you very much, Mr. Speaker. That question is a very sensitive question on a sensitive issue, and we

take a serious view of the whole process. I just want to advise the Assembly at this time that under the social care licensing Act we currently license over a thousand facilities in Alberta. These are residences that care for more than four people in a room-and-board situation.

It's a very sensitive area because in a lot of cases, Mr. Speaker, it's an individual choice. It may mean, if regulations are changed, that if a person, for example, wanted to look after their grandparents, they may have to be licensed to do it if you change the criteria. The other concern I would have is that we may force individuals to move to institutions even if it is against their choice.

THE SPEAKER: Supplemental question.

MR. DUNFORD: Yes. Again to the Minister of Family and Social Services: what requirements must an operator meet in order to acquire a licence?

MR. CARDINAL: Mr. Speaker, there are three or four processes an individual has to go through. The municipality is involved because, number one, the zoning bylaws have to be proper. Therefore, the municipalities do have some control in development of types of facilities. The other area is that the local health board is also involved to inspect the facility and make sure it meets the health standards. Then the fire department also inspects the facilities. Only after those processes are completed are they then licensed through my department.

THE SPEAKER: Final supplemental.

2:30

MR. DUNFORD: Thank you, Mr. Speaker. Again to the minister: what can constituents of Lethbridge-West or indeed any Albertan do if they are concerned about this issue?

MR. CARDINAL: Mr. Speaker, one interesting issue. You know, we had some public consultative processes lately in relation to government deregulation, and there was not one presentation that I am aware of in regard to that issue. Other areas are available of course. People can call directly to my department. Also, we have the Member for Olds-Didsbury, who is the chairman of the Social Care Facilities Review Committee, whom people can call. The other person, if it is in relation to seniors, is the Member for Calgary-Currie, who chairs the Provincial Senior Citizens' Advisory Council, who also will accept calls. We do work hand in hand to make sure that we deal with these issues as they come into my office.

THE SPEAKER: The hon. Member for Edmonton-Whitemud.

Provincial Tax Regime (continued)

DR. PERCY: Thank you, Mr. Speaker. The Treasurer is now back from Ottawa and his crusade to protect rich taxpayers, wealthy corporations, and of course to maintain existing tax loopholes. But in this province and under this Treasurer the government has created a tax system that is unfair and regressive. User fees on working Albertans and the shifting of taxes onto local property owners and small businesses are the order of the day. My questions are to the Provincial Treasurer. How can you claim that the 64 new user fees that we had identified yesterday,

the \$157 million in revenue, which is \$125 for each and every taxpayer, are not new and regressive taxes?

MR. DINNING: Mr. Speaker, to respond to the member's comments, including part of his preamble, the only government in this country today talking about and proposing to raise taxes is the Liberal government, brethren and 'sisters' of the Liberals across the way in our nation's capital. This government is not talking about and will not raise taxes. The Liberals will.

DR. PERCY: This government has brought in the closest thing to a head tax, which are those health care premiums, of any government in Canada.

How can the Provincial Treasurer claim that he has not raised taxes when the numbers show very clearly that property taxes in Alberta rose by 7.6 percent between '92 and '93, the second highest level in Canada, a direct consequence of downloading of responsibility but not revenues by the provincial government.

MR. DINNING: Mr. Speaker, could it be that the municipalities in this province are the only public sector, government sector, that has virtually not touched the salaries of their employees? Could it be that only 9 percent of municipalities in this province have taken a 5 percent cut in pay while virtually everybody in the health sector, everybody in the education sector, virtually everybody in the postsecondary education sector, and everybody in the provincial public service has taken a 5 percent rollback? The fact is that the municipalities in this province haven't done what is necessary to get their fiscal and financial houses in order.

DR. PERCY: They were freezing pay raises when he was raising taxes.

Mr. Speaker, how can the Provincial Treasurer call this tax system, which is regressive and unfair, fair when property taxes are now paying 52 percent of education expenditures? Do you call that fair?

MR. DINNING: Mr. Speaker, I always love it when Liberals talk about fair taxation. That's the ultimate oxymoron that only - only - the Liberals are talking about. All Albertans should remember that when a Liberal starts talking about fair taxation, what he's saying is, "Keep taxes the same for the middle-income folks but raise taxes for those people who have higher than average incomes." He's not talking one note or one word about reducing taxes for everybody. He's a typical Liberal that wants more money from taxpayers' pockets so he can spend it. We don't comply with that way of thinking. Only the Liberals in this country do.

THE SPEAKER: The hon. Member for Calgary-Egmont.

Kindergarten Programs

MR. HERARD: Thank you, Mr. Speaker. My questions are to the hon. Minister of Education. Parents in my constituency and I would guess parents everywhere in the province are under the wrong impression that under the new education funding framework ECS funding has only gone up by 20 percent. When I look at the per student funding, ECS funding has gone up from \$595 to \$850. That's 43 percent. So my question to the minister is: what accounts for the 43 percent increase in ECS funding when the hours have only gone up by 20 percent?

MR. JONSON: Mr. Speaker, in keeping with the recommendations of the funding framework implementation team, we followed those recommendations and funded a strong, good, basic ECS program of 240 hours. In the funding framework recommendation they said that we should cover the full cost of that so that there was no need for a tuition fee. Therefore, the increase in funding the hon. member is referring to will cover the cost of salaries and benefits for staff, the cost of operation maintenance, the cost of administration so that we have a package which covers that basic program.

THE SPEAKER: Supplemental question.

MR. HERARD: Yes. Does that mean, Mr. Speaker, to the minister, that the boards could apply the extra funding to reduce or eliminate ECS fees, as happened here last night, thank goodness, in the city of Edmonton?

MR. JONSON: Yes, Mr. Speaker. Also, in keeping with the funding framework and as part of it, there is the ability of a school board to allocate funding from the instructional block over to instruction in ECS, from their funded resources, from the funding framework, to provide for a longer period of hours for ECS. They also have the option of providing an instructional fee, or tuition fee, if they wish to go that route to provide additional hours.

THE SPEAKER: The hon. Member for Redwater.

Logging Regulation

MR. N. TAYLOR: Thank you, Mr. Speaker. [interjection] Diamond Jim, just hold it a minute. To the minister of the environment. In the three months from August to October 1994 as much timber was exported from private land in Alberta as during the whole of 1993. The rate being cut each year now would equal a strip from here to Leduc about three kilometres wide. When will the minister protect our environment by requiring the same standards for logging on private land as now exist for logging on public land?

THE SPEAKER: The hon. Minister of Environmental Protection.

MR. LUND: Thank you, Mr. Speaker. Certainly the logging that is going on on private land is a concern of ours. If in fact there is environmental damage, we are prepared to take action. There are a number of Acts in place that we can use to make sure that there isn't environmental damage. If the hon. member is aware of any - any - environmental damage, I wish he would pass it along to myself or our staff. We can take the appropriate action.

MR. N. TAYLOR: Mr. Speaker, that's good news indeed, but it's sure going a long ways now, asking the opposition to do their policing.

Because the minister's statements have been that they do not want to interfere with private ownership, is he aware that by refusing to do so he has left himself out of the debate on the cutting of timber on aboriginal lands?

MR. LUND: Well, Mr. Speaker, as far as the opposition assisting in protecting this province, I thought they were anxious to do that. It is very interesting to learn that they're not interested in helping to protect the environment in this province.

As far as the logging on federal lands it is extremely interesting that now all of a sudden we are supposed to move in and start telling the feds how they are to operate on their land. It's really an interesting situation. Do they have absolutely no faith in their kissing cousins and brothers and sisters in Ottawa?

2:40

MR. N. TAYLOR: Mr. Speaker, I'm feeling quite hurt. I never thought I'd get bitten by a sheep.

Mr. Speaker, when the minister talks about native rights, isn't it hypocritical that this government, which ignored native rights when it came to dealing with the Oldman River, now turns around and is saying that because native rights are there we can't interfere with indiscriminate logging?

MR. LUND: Well, you know there's an old proverb that says: don't worry about the barking dog; the one that growls is the one you want to worry about. This hon. member has been doing a lot of barking, so I can see that I don't need to worry about him.

The fact is, Mr. Speaker, that as far as the logging on Indian reserves, that is Crown land, and we do not have authority to move in and do anything as far as what the logging practices are on Crown land. We're really concerned about the fire hazard as well, but unfortunately, the only thing we can do there is warn the feds that in fact if there is a fire, we're going to have to move in. We're going to have to protect our land that is adjacent to it.

THE SPEAKER: The hon. Member for Bow Valley.

School Superintendents

DR. OBERG: Thank you, Mr. Speaker. My question today is to the Minister of Education. In a recent meeting with the newly formed Grassland school division they raised an issue regarding the hiring of superintendents. They questioned why the contract of the superintendent must be approved by the Minister of Education. They asked: why does the government allow us to handle the day-to-day affairs of a multimillion dollar organization, make decisions that affect young peoples' education, and essentially work our tails off at a volunteer position, keeping in mind that administration budgets are capped, yet we don't have the authority to approve a contract? Mr. Minister, the same question to you.

MR. JONSON: Certainly the position of superintendent is a very important one, and it is filled by the board of education, the school boards across this province. The requirement with respect to the copy of the contract is, first of all, to see that the contract complies with the criteria, qualifications, that is, for superintendents; secondly, to ensure that the duties, the responsibilities of the contract are in keeping with the legislation, Mr. Speaker.

THE SPEAKER: Supplemental question.

DR. OBERG: Thank you, Mr. Speaker. Mr. Minister, given that administration budgets are tightly controlled, will you commit to changing the policy of having to personally approve superintendents' contracts?

MR. JONSON: Mr. Speaker, at this particular time, no, I would not commit to that. Across the province right now I know that school boards are working very hard to allocate their dollars as effectively as possible, and I hope that they're working to cut down the costs of administration so that it can be focused on the

instruction of students. But given the transition, the coming into place of an administrative cap, and some concern that I have about possible obligations for increased administrative expenditures, I would not commit to that at this time.

THE SPEAKER: Final supplemental?

The hon. Member for Edmonton-Mayfield.

Trucking Regulations

MR. WHITE: Thank you, Mr. Speaker. Albertans expect public safety to be a function of government and are becoming increasingly concerned that this government is getting out of the business of governing. Recently a memo was issued by a field supervisor within the department of transportation which told field transportation officers not to enforce moving violations of trucks until advised otherwise. I table four copies of the memo today. This is not the first time of course that this government has instructed employees to ignore public and provincial laws. In January of '93 a similar transportation memo was issued. I table that also. My questions are to the Minister of Transportation and Utilities. In a recent television interview the minister denied that these memos came from within the department. [interjections] Mr. Speaker, it's very difficult. Mr. Minister, do you deny that these memos are from the department?

DR. WEST: Not at all, Mr. Speaker.

MR. WHITE: Mr. Speaker, these memos speak for themselves. When the member gets them, he's going to read them. These memos instruct field officers not to obey the law, sir. Is your department instructing these field officers not to enforce provincial laws as they relate to truck safety standards?

DR. WEST: No, Mr. Speaker.

MR. WHITE: Mr. Speaker, through you to the minister: is this the first step of the government's plan for the trucking industry to self-regulate?

DR. WEST: Mr. Speaker, it might be a nice thought that we could get out of complete regulation in the trucking industry, but we're not. We have a lot of concerns out there that relate to safety in the log hauls and other type of enforcement that we have to do on a daily basis.

The whole essence of this conversation was made to mislead this House in some direction and the people of Alberta into thinking that the brown trucks and enforcement people that work the brown trucks that are on the highways to enforce the transport regulations – these allegations are there to lead us to believe that they enforce speeding tickets and other moving violations that the RCMP do under contract to this province. That is not their job at all, and they are directed not to enforce moving violations, take time off to give speeding tickets to cars and other moving violations when they should be looking at our transportation vehicles and any problem that they may be having as it relates to dangerous goods or to violations of the Motor Transport Act in safety regulations on transportation.

THE SPEAKER: The hon. Member for Cypress-Medicine Hat.

Abortion Funding

DR. L. TAYLOR: Thank you, Mr. Speaker. Recently I attended a meeting with the Committee to End Tax-Funded Abortions.

They have presented compelling reasons why we as a government should stop funding abortions. My questions are to the Minister of Health. Is it in the jurisdiction of the province to deinsure abortions under the Alberta Health Care Insurance Act, as we have done with eye examinations?

MRS. McCLELLAN: Well, first, Mr. Speaker, let me clarify one point: we did not deinsure eye examinations. We did deinsure a procedure called the ocular visual examination, which is an examination for vision testing. Eye health exams are still fully covered in this province.

On the issue of abortion: do we have the option of deinsuring? Yes, I guess, Mr. Speaker, we would have the option of deinsuring if – if – it were not a medically required procedure. An assumption that we have is that our medical profession, our physicians, are in the best position to decide what is medically required and what is deemed medically necessary. To undertake something like that would require a lot of discussion with the medical fraternity.

DR. L. TAYLOR: Can the minister inform us if deinsurance would infringe on any rights under the Charter or go against any judgments of the Supreme Court?

THE SPEAKER: The Chair feels that that's asking for a legal opinion, and it's not in order for that reason.

DR. L. TAYLOR: Would deinsurance jeopardize federal funding under the Canada Health Act?

MRS. McCLELLAN: Mr. Speaker, the Canada Health Act is set up really as a funding mechanism. Under the terms of the Canada Health Act provinces must provide medically required services in order to receive funding from the federal government. Again we would have to come back to my first answer: if it were deemed to be medically required, then we would be required to fund it. If we did not, we could suffer penalties. However, this is a hypothetical discussion and probably one that we should deal with when we have more information and fact.

2:50

THE SPEAKER: The hon. Member for Sherwood Park.

Water Management

MR. COLLINGWOOD: Thank you, Mr. Speaker. Many Albertans have recently told the government what they think of the idea of licensing water rights and the water tax that won't be far behind. Yet even before the public meetings on water have been finished, the Minister of Environmental Protection went on record saying that Albertans should license their water sources now. According to the minister, if you don't have a licence, you don't have protection for your water source. My question is to the Minister of Environmental Protection. Why is the minister frightening rural Albertans with these kinds of comments when the review of public input hasn't even started yet?

THE SPEAKER: The Minister of Environmental Protection.

MR. LUND: Thank you, Mr. Speaker. There is some consultation going on in the province currently under the discussion paper, the new water management legislation. That paper was developed by the Water Resources Commission based on a number of

comments that were made in a round of discussion that occurred in the province back in 1991. Currently the Act suggests that a person should have a licence if in fact you use about five acre feet of water in a year.

Now, the whole idea of licensing is one of trying to protect one's own water source. I have never said that they need to go get a licence in order to protect their water. The fact is that the discussion paper, if you follow it, is suggesting that it is a good idea to have a licence. Where the decisions will come down, I don't know, and I haven't indicated that I do know. The draft talks about management areas. It talks about groundwater. It talks about surface water. How those distinctions are going to be made all depend on the completion of the public consultation and the report that comes from the committee that is out and about right now, when they finally make their report.

THE SPEAKER: Final question.

MR. COLLINGWOOD: Thank you, Mr. Speaker. Perhaps the minister should refrain from commenting, then, until the public consultation is over so that he doesn't frighten Albertans.

My supplementary to the Minister of Environmental Protection: Mr. Minister, under the draft Bill why is it that the same priorities for water rights are given to domestic users as are given to licence holders? How can everybody have priority?

MR. LUND: Well, Mr. Speaker, I really find that very interesting. The hon. member stands up and says that the minister should refrain from making comments and then turns around and asks me to make a comment.

THE SPEAKER: Final supplemental. [interjections] Order.

MR. COLLINGWOOD: Thank you, Mr. Speaker. I don't think the Albertans that feel they have to stand in line for a water licence today are interested in those kinds of comments from the minister.

Mr. Speaker, my supplemental to the Minister of Environmental Protection: since you're already on record as telling Albertans that they should be standing in line now to get a water licence, why should we expect that anything will change when the new draft comes forward after the consultation?

MR. LUND: Mr. Speaker, I wish the Liberals would use their \$3 million in research to do some good research. I have never said that they should be standing in line for a licence. I have never said that. For the hon. member to stand in this House and accuse me of making a comment like that I think is disgraceful.

THE SPEAKER: The hon. Member for Edmonton-Beverly-Belmont.

Edmonton Economy

MR. YANKOWSKY: Thank you, Mr. Speaker. Edmontonians are becoming increasingly concerned regarding their city's economy. Major malls, including our famous West Edmonton Mall, have lost tenants and are facing tough times. Some businesses are relocating to other areas. To the hon. minister responsible for economic development: what plans do you have to assist in revitalizing Edmonton's economy?

THE SPEAKER: The hon. minister responsible for Economic Development and Tourism.

MR. SMITH: Thank you, Mr. Speaker. [interjection] In fact, I've always had an active interest in Edmonton, whether it's now in this government or in fact when I was a private businessman with business interests in the city.

Edmonton and Edmontonians are in fact in good shape. Unemployment in Edmonton is down over 2 percent over the last two years, even with the rightsizing of government. Mr. Speaker, government payrolls – municipal, federal, and provincial – only amount to 8 percent of the payroll in the city of Edmonton; 92 percent of Edmontonians are out there working in other sectors and in businesses that create wealth and generate wealth for the city. I continue to meet with officials from the city of Edmonton as well as business leaders, both men and women, throughout the city.

THE SPEAKER: Supplemental question.

MR. YANKOWSKY: Thank you, Mr. Speaker. What role, if any, will the newly formed economic development council play in promoting Edmonton?

MR. SMITH: Well, in fact, Mr. Speaker, the Economic Development Authority, the council, is meeting tomorrow in this very city. It's co-chaired by an Edmonton-based banker, Charlotte Robb, and the group is addressing numerous areas including transportation, a very key economic sector for Edmontonians, and forestry. In fact, what has been brought forth to the city by its own community members driving business development are things like the Du Maurier Cup for the Ladies Professional Golf Association, which has a projected economic impact of between \$5 million and \$20 million; the Alberta Creative Arts Show, that was just held in Edmonton, with generated retail sales estimated at \$1 million. In fact, I would say that the health of Edmonton is pretty robust indeed.

THE SPEAKER: Final supplemental?

The time for question period has expired. The hon. Premier has indicated that he wishes to supplement an answer to a question he gave earlier in question period. The hon. the Premier.

Premier's Attendance at Meetings (continued)

MR. KLEIN: Thank you, Mr. Speaker. I would like to supplement an answer I gave to the final supplementary question put to me by the hon. Member for Edmonton-Roper. I've just had my office check through. I met with the Interfaith Coalition on March 31 of last year, and the minister of social services and the deputy minister also attended at that time. I remember the meeting quite well. It was a good meeting, where I committed to that organization that we would establish a mechanism for ongoing consultation so that they could work with the Department of Family and Social Services in making sure that they were involved in delivering services to high-needs areas in the inner city. Subsequent to that meeting, they wrote asking if I would be willing to meet them on a yearly basis. In discussing it with me, the minister indicated that they should be meeting with departmental officials on a more regular basis and that we would sit down with them at a later date to discuss the process. So I was in touch with Family and Social Services at that time, and we did not hear from the coalition. To my knowledge they were happy with their meetings with department officials and have not contacted our office with any information to the contrary. So if he's talking about another meeting, they simply haven't contacted our office. I have met with them.

With regard to the Metis settlements, as a matter of fact I arranged for the Metis settlement to meet with, I think, four ministers, including the Minister of Family and Social Services, the Minister of Energy, the then minister of transportation, and I believe the then Minister of Municipal Affairs. I indicated to the Metis settlement – yes, they did want a meeting with me – that they should meet first with the ministers to see how these problems could be sorted out. I wrote to the council again on July 5 of last year, and we have not heard from the Metis settlement people since then. So I take it that they again were happy with their meetings with the various ministers.

I would like to add, Mr. Speaker, because I think this is very important, that it was only a week ago or a little over a week ago that I met with well over 200 Metis people at a dinner, and I was asked to give a speech and answer questions. So I really don't know what the hon. member is talking about.

3:00

MR. CHADI: Mr. Speaker, the Premier is referring to a meeting far before the meeting that I am referring to with the Interfaith Coalition. I am wondering if the Premier remembers or has dealt with the meeting with the Interfaith Coalition which was scheduled for October 21 of '94 and that in fact didn't take place. I only asked that he perhaps look at rescheduling.

MR. KLEIN: I believe I provided that clarification. It was agreed that rather than me meeting again with the Interfaith Coalition, we set up a mechanism so that they can meet with the Minister of Family and Social Services and his officials, and that was so indicated to them, Mr. Speaker. If the Interfaith Coalition wants a meeting to report on the progress that they have made with the Department of Family and Social Services, I would be glad to do that if they have something to report.

MR. CARDINAL: Mr. Speaker, because my department is involved in both, it's only fair, I think, to be honest to all Albertans and this Assembly, that we do know the truth. All these meetings are channeled through my department because the issues that were going to be discussed were in relation to my department. Therefore, there was no meeting that was not attended by the Premier that was set up by my department. In fact, we are still waiting for the request, and we will definitely accommodate the group when that happens.

In relation to the issue of the Metis settlements, Mr. Speaker, again, because I am in charge of aboriginal affairs, which includes the Metis settlements, most of those meetings are channeled through my department. Never ever has this Premier of Alberta rejected any request for a meeting with an aboriginal group, and I am proud of that. [interjections]

THE SPEAKER: Order. [interjections] Order. [interjections] Order. The time for question period has expired. Even the extended time has expired.

There is a point of order the hon. Member for Edmonton-Mayfield wishes to raise.

Point of Order

Allegations against Members

MR. WHITE: Yes, sir. I rise on a point of order citing 23(h) and (i) and in conjunction with *Beauchesne* 489 and 490. There was an allegation in the answer to a question, the final supplementary, from the Minister of Transportation and Utilities. His allegation was that I misled the House or was misleading in some fashion. I'd like him to retract that statement. I did not mislead

the House at all. I filed two documents in answer to the first two questions that the minister agreed were from the department and then proceeded to ask if it was a document and if what was included in the document was in fact an instruction from the department, which is all contained therein, and then asked a final question: whether in fact he agrees with it or not. Certainly he should withdraw that statement – there's no question – that it's misleading.

MR. DAY: Well, in the interests of consistency I know that the Member for Edmonton-Mayfield will also be asking that same ruling be applied to his leader, because in fact the leader used the same word, "misleading," in addressing the Premier today. As a matter of fact, when I addressed it to the Premier as a potential point of order, the Premier was gracious enough and generous enough in spirit to say, "Just let it go." I'm just disappointed the member opposite isn't of the same stature.

DR. WEST: Well, I'd like to see the Blues, because the context of the word that I used was that the allegation was misleading. I didn't say that the member was; I said that the allegation contained in the document would mislead by its content, rather than saying that the individual misled the House or misled Albertans. The innuendo in the document as presented by the hon. member would have in context a misleading type value to the truth.

THE SPEAKER: Order please. The Chair will examine the Blues, but in reference to what the Government House Leader pointed out, the Chair thought it heard the hon. Leader of the Opposition say that the Premier misled the Fraser Institute. Hon. members, misleading the Fraser Institute is one thing; misleading members of the Assembly is entirely another thing. That's why the Chair didn't intervene with the Leader of the Opposition.

MR. HENRY: Are you going to rule on the earlier point, sir?

THE SPEAKER: Hon. member, the Chair just said that the Chair wanted to examine the Blues.

head: **Orders of the Day**

head: **Written Questions**

MR. DAY: Mr. Speaker, I move that written questions appearing on today's Order Paper stand and retain their places.

[Motion carried]

head: **Motions for Returns**

MR. DAY: Mr. Speaker, I move that the motions for returns appearing on today's Order Paper stand and retain their places.

[Motion carried]

head: **Public Bills and Orders Other than
Government Bills and Orders
Second Reading**

Bill 201 Regional Health Authorities Amendment Act, 1995

THE SPEAKER: The hon. Leader of the Opposition.

MR. MITCHELL: Thank you, Mr. Speaker. I rise to present Bill 201, which is central to the Liberal caucus's legislative

agenda because it addresses an extremely important issue, an issue which is, we believe, fundamentally important to the people of this province, to the nature of our communities, to the values that make us Albertan and make us distinctly Canadian as well.

The effect of Bill 201 would be to have enshrined in Alberta legislation a clear commitment to the five principles of the Canada Health Act. The reason that we have presented this Bill and that I am presenting this Bill today is that we have become quite concerned that the government's commitment to the Canada Health Act and what it means for the Canadian and Alberta health care systems is not as strong as it should be. In fact, there have been many indications over the last number of months and years that this government is allowing its commitment to the Canada Health Act and what that means for our health care system to erode and to corrode. It's surreptitious and insidious, Mr. Speaker, often the way in which that has been allowed to occur.

Most recently we have seen the government allow private clinics to charge extra fees. In fact, it was members of this government that promoted the Gimbel private clinic Act which, while Dr. Gimbel's operation is a state-of-the-art and a remarkable contribution to Alberta health care, had operated outside of the strict limitations of the Canada Health Act and contributed in a way to the erosion of that Canada Health Act. That particular clinic should be allowed to operate within the Alberta medicare system, it should be preserved, and it should flourish, but it should not be something that's accessible only to people who have extra money.

3:10

Mr. Speaker, the waning commitment on the part of this government seems to reflect a hidden agenda or at least a complacency about the nature of the health care system we have and an intention, however explicit or implicit, to see us slip away to a more Americanized, commercialized health care system. I want to make it very clear that those who think the American system works better than our system on any number of scales are absolutely, fundamentally wrong. There are those that say that our health care system draws too much. It's too much of a drain on our economy compared to the American health care system. Look at the facts. The American health care system costs the American economy 13 percent of its gross national product. The Canadian system averages 9 percent of the Canadian GNP, and the Alberta system takes only 5 percent. If you study and track the cost increases in the American system over the last 25 years, they have escalated considerably and significantly faster than any cost increases in the Alberta and the Canadian health care systems.

There is the argument that is made that if only those people who had enough money could go out and buy the health care services that they would like to buy, then the lineups that occur in our health care system at this point, the delays, the obstacles would go and everybody would be better off as a result of that. But observation of experience elsewhere simply belies that particular conclusion. In fact, what happens is that as soon as those who have the money are able to pay for a private health care system, they begin to withdraw their consent to be taxed to pay for a public health care system, and what happens inevitably and inexorably is that the public health care system begins to decay and those without money simply do not get the kind of fairness and equality in health care that has come to be a fundamental value of Canadians and of Albertans.

The irony, of course, is that those who are arrogant enough or cocky enough to say, "Well, we can just pay for this MRI, or we can just pay for this specific service this time" don't understand where that takes them themselves. They think it's a onetime

expense. But, Mr. Speaker, what inevitably occurs is that in anticipation of that expense and some other expense and some other potential expense they begin to buy health care insurance. Health care insurance is a tax that they pay every single month, except they don't pay it to a government. They pay it to any number of health care insurance firms which charge money of course to duplicate administration, to market, to promote. The proof again is in the pudding when you look at the American system; 11 percent of the American systems' health care costs go to administering their pluralistic, if I might say, private-sector health care schemes. Less than 1 percent of Canadian costs go to administering our health care insurance scheme, and the difference of 10 percent would in fact pay to place all the 38 million Americans on health care insurance who currently cannot afford to buy it. I should also point out that not only is the American system far more expensive relative to their GNP than ours is to ours, therefore far less efficient, Mr. Speaker, but the fact of the matter is that it doesn't insure 38 million Americans, and many of the Americans who do have some insurance don't have the kind of comprehensive insurance that every single Canadian enjoys in this country today.

There is a range of reasons why we cannot reduce health care to a simple business model where people would be construed as customers by this government. One of the most significant, Mr. Speaker, is that while private-sector market mechanisms are almost exclusively or often as a rule more efficient than government enterprise, that is not the case always. There are many areas where government needs to play a role to ensure that there is fairness and there is equality, in this case accessibility, comprehensiveness to the delivery of services that need to be enjoyed and are required by all members of our population.

One of the most serious errors that this government and people who believe in a private, two-tiered health care system make is that somehow you could apply health care to a business model, but there is one fundamental variable that doesn't work in the supply/demand business model, Mr. Speaker, and that is that there is no limit – no limit – to the desperation and the intense demand for health care services all too often. In fact, if you were earning \$40,000 a year and your daughter had leukemia, you would do whatever you had to do. You would mortgage whatever you could mortgage in order to save your daughter's life. And what that means is that the health care system, then, does not have a governor, if you will, on the demand side, and the supply side can charge whatever it chooses to charge. No matter how hard they try to limit that, they never try hard enough. You look at the United States where you have profound inequality, profound consequences for people, their lives when they're sick and their lives when they're not sick, because they've damaged their futures by trying to sustain and maintain their health or the health of their loved ones. What you see is a system that simply does not and cannot be two tiered and that does not work on that model anywhere nearly as well as our system works on our model.

It's for these reasons, Mr. Speaker, that we are proposing this Bill to put a stop to any slippery slope, any suggestion on the part of this government that somehow we can do away with the Canada Health Act and erode its fundamental principles. These principles have been developed over a long period of time. These principles have stood the test of time, including a tax on the system by those who would create the kind of two-tiered system that we see elsewhere in the world.

Let me emphasize what these principles are, because they are of intrinsic value. One is universality. All citizens are equally

entitled to comprehensive medical services in this country because they are Canadians and according to their need. This is not negotiable, and it is a foundation of our Canadian health care system.

Comprehensiveness: the second value, the second principle. All medically needed medical procedures will be available to all people, and they will not be distinguished one from another because they don't have enough money to get them.

The third value, the third principle, is accessibility. All necessary medical services will be accessible equally to all citizens, and somehow they will not be denied that because of money or because of some other obstacle which would get between them and the kind of high-quality health care that is available to everybody else in our society.

Portability: this is an essential feature of what we are as Canadians. We talked earlier today about symbols, Canadian symbols, our flag. Well, the ability to receive the same standard of quality health care anywhere in this country is a fundamental unifying quality of Canadianism, of being a Canadian, and Alberta has a responsibility to uphold its end of that deal, if you will, in contributing to a national health care standard. Mr. Speaker, portability underlines our commitment, and the sustaining of portability underlines our commitment to that national health care standard.

Finally, the fifth principle is that the health care system must be publicly administered, a system managed by nonprofit government using taxpayers' dollars. That is the underlying foundation of an effectively functioning, comprehensive, universally accessible, and portable health care system which does not exploit people who are sick as customers but which values people as people who have a right to equality, a right to accessibility, a right to universality in the way in which they are treated when it comes to health care services in this country.

There's more to this Canada Health Act and these five principles than their evidence at face value. Underlying these five principles, Mr. Speaker, is an implicit support for the fundamental ethical values in our community: ethical values which include mutual dependency, people giving up something to the community so it's there for people who need it when they need it so that perhaps it's there when those people themselves need it one day; concern for the vulnerable, for people who are less fortunate, for people who have less influence in society, for people who couldn't take care of themselves as well as those of us who have been given more by our society for whatever reason; secure social conditions under which we can all flourish. This is reflected in these five principles of the Canada Health Act: a sense of community where people support one another, not where it is the survival of the fittest or every man or woman for him or herself.

3:20

Another ethical value that is emphasized in this Bill, Mr. Speaker, is freedom to pursue personal goals without fear. One of the things that we keep hearing from Albertans is the fear they feel about where their health care system is going and about how it may not be there for them when they need it as it has been in the past. It's also an ethical value reflected in this Bill to the extent that it reflects sharing goods of society in a fair and equitable manner. There is nothing wrong; there is in fact a great deal right about sharing this kind of good amongst the members of a society. It is, in fact, an ethical value that makes us distinct from many parts of the world and many different societies that makes this place a remarkably special place to live. This Bill,

Bill 201, defends those ethical values, and it promotes them and is dependent upon them.

It isn't as though, Mr. Speaker, somehow this government's looseness with its commitment to the five principles of the Canada Health Act in any way, shape, or form reflects what Canadians and Albertans believe. Canadians and Albertans see our Canada Health Act as unique. It is popular, and it enjoys wide support across this country and across this province. Although Albertans and Canadians haven't got a legal right to health care, Canadians have grown to expect and behave as if health care is in fact a fundamental right, and it is that with which they approach the health care system. Our system compares well with and is the envy of, in fact, many other countries of the world. One of the great ironies is that it's the Americans who are pursuing our kind of health care system just about the time this government allows its guard to drop and see our Alberta health care system erode its way more and more closely to the model that is evident in the American case.

It's not as though these principles are inconsistent with the ability and the need for a health care system to change with demands and to change with the times. It is required now, of course, that we shift from acute care in hospitals to illness management and to prevention. That kind of shift is completely consistent with these five principles. It is important that we regionally administer health care – although the regional authorities should be elected, I might point out – that we reduce overlap, that we take advantage of system strengths. That kind of initiative and approach is consistent with these five principles in the Canada Health Act. It is important at a time like this that we shift from acute care to much greater community-based health care and home care. Mr. Speaker, it may come as a surprise to this government, but that kind of shift is consistent with the principles of the Canada Health Act. It is important that we provide affordable, appropriate care in an accountable system, and the fifth principle, publicly administered, is absolutely consistent with this health care system being accountable.

It's not as though these principles have come in a vacuum. It's not as though somebody thought them up in the early '60s for 15 or 20 minutes and applied them without proper consideration. These principles have evolved over years and years of experience in this country, experience with other forms of health care. In fact, it was as early as 1832 when people in this country, prior to its actually becoming a country, began to confront the problems of inconsistent health care as they confronted the 1832 cholera epidemic. It was in 1919 that the federal Liberals first proposed a health plan in their election platform. The debate dates back as far as that and even further, Mr. Speaker. It was the Depression, the experience of the Depression, when families were literally devastated because they were unable to care for health care.

I was apprised of an example, a case of a family in the year 1940. Helen J., the mother in that family – I won't mention her surname – needed an operation. She had just had her second son who, along with two stepchildren, brought the family's membership to six. As a result of a childhood disease and due to complications in the birth of her son, she experienced health problems which brought a warning from her doctor that surgical procedures were necessary if Helen's life was not to be endangered. The family had spent the latter part of the Depression on relief. Unable to find work during those dark times, Fred, Helen's husband, rejected for military service, was now employed as a janitor. There was money coming in to barely make ends meet, Mr. Speaker, but there was certainly not enough for an

expensive medical operation. However, there was no choice, and the operation was performed.

What this created was years of hardship for this family, corrosive hardship. The cost placed an impossible burden on that family. Months would go by when they couldn't afford to pay the hospital their monthly payment. The hospital turned the account over to a collection agency. They reduced health care to that kind of commercial enterprise. Life for Helen and Fred became a series of nasty letters and even nastier visits from bill collectors. Over the years payments were made, \$5 this month and sometimes more the next month, but the bill was never fully repaid. Eventually Helen and Fred's bills, like thousands of others, were written off by the hospital but far too long after the anguish had taken hold. The sacrifices had been made; the waste had occurred. I ask the question: is this what we want Alberta families to return to? Is that in some kind of perverted way part of the Alberta advantage? It is not and it cannot, and if this government doesn't want it to be, they will stand in their places this afternoon and vote for this Bill.

I also want to say, Mr. Speaker, that the principles provided in this Bill, the five principles of the Canada Health Act, provide the best defence that we can think of against the intense pressures to privatize health care. Privatization forces health care . . . [Mr. Mitchell's speaking time expired]

Thank you, Mr. Speaker. I ask the members of this Legislature to support Bill 201.

THE SPEAKER: The hon. Member for Calgary-Currie.

MRS. BURGNER: Thank you, Mr. Speaker. It's a privilege to stand and debate this afternoon on this opening piece of legislation. It's personally quite timely because as a child I happened to be hospitalized at the time they proclaimed the new Canadian flag. I was just thinking of that experience while I was listening to the hon. member's discussion. I think I'm old enough to remember when there wasn't the health care system that we have in Canada, and I appreciate the very real concerns he is addressing.

My dilemma is that in pursuing that concern of where our health care system will be, the hon. member has raised fears that are quite unnecessary in the minds of Albertans. I have heard an awful lot from constituents in Calgary, and I am privileged that I have colleagues and friends in the medical profession who have discussed with me some of the fundamental changes that we are going through. In those discussions with respect to health care and health care reform, the issue of compliance by the regional health authorities with the Canada Health Act has never been one of the major discussions. The fact that my colleague would even consider national health care standards in such a way that it ties the hands of the delivery of health care from the legislative responsibility of the government to the federal government is much more alarming, in my mind.

Mr. Speaker, I believe that taking the time to debate this Bill will give us a chance to address the concerns Albertans have and emphasize our commitment to providing Albertans with the quality health care they deserve. I would ask our hon. colleague to remember that Alberta is a signatory to the Canada Health Act. That means we support the ideas behind that Act full stop. There is no further discussion needed when you are a signatory and bear the full responsibility of that signature with respect to health care. We have agreed to maintain the principles of the Act in the administration – in the administration – of the health care system here in the province, and I think that connection between what we

agreed to with respect to our responsibility as a province and how we then deliver it to Albertans is a fundamental concern that the hon. member has failed to grasp.

3:30

The main principles that make our system what it is are set out in the Canada Health Act, and my hon. colleague has spoken to those quite elaborately. These principles are contained in sections 8 to 12 of the Canada Health Act and are cited in his legislation. The principles that the Member for Edmonton-McClung believes will be lacking in our restructured health care system, unless we legislate full compliance of the regional health authorities, are simply not the fact. I am not confident, personally, that tying our regional health authorities to the federal health Act would best serve the quality of care we have come to expect. I ask him to remember that this is the same federal government that has changed its position specifically on the issue of private clinics, and in fact we even have different federal ministers with differing opinions about the validity of private clinics. So I just ask him to consider from a practical point of view how he would expect the regional health authorities to wait while Ottawa considered and debated any such change in the Canada Health Act. God knows, that could take forever. If he's concerned about chaos, just watch what Ottawa could do to the system.

The Canada Health Act – and I would like to make this very clear for Albertans – does not match the restructuring in health care that Albertans demand. The Canada Health Act refers to doctors and hospitals. It does not deal with public health, it does not deal with ambulance services, and it does not deal with promotion and wellness: initiatives that Albertans don't need legislation to undertake. They are already well on the way to dealing with those issues. Basically, it was written to ensure that if you were sick enough to see a doctor or be in the hospital, then you would not have to be financially ruined, and I think that is a principle that is of value and of concern to everyone. We have moved along the way in health care to a different model, and if the financial concern is the one that the hon. member has a feeling we should be considering, I assure you that is safeguarded under the current process. The Canada Health Act is a document which deals with the financial barrier to receive necessary care, and that is not being compromised.

The principles that we would like to see addressed also have a nature of concern about jeopardizing them and jeopardizing our ability to reflect the unique options that are available in Alberta. Our provincial process is such that we look at the federal framework, the federal guidelines, but we must be free to implement the needs of Albertans in the current restructuring of the regional health authorities. That is a principle that we strongly uphold.

We are restructuring the organization of health care in Alberta in a way that health services are delivered, not in their nature but in the way they are delivered. This has meant rethinking what the role of government is in the whole process, and Albertans have decided that the government should be there to set the directions and the priorities of the health care system. Apart from funding the system, government will be there to define the requirements and expectations for the provisions of health services, and this will of course be done in conjunction with the Canada Health Act, because Alberta is a party to that Act and supports it.

I might suggest to my colleague, since he raised the issue of the U.S. system, that I had the privilege of cohosting, along with another colleague, the Canada/U.S. Legislature project which was held in Lake Louise in January of '94. At that time, a number of U.S. legislators and Canadian legislators discussed and compared

the health systems of the two jurisdictions. I feel that it is important on behalf of not only all Albertans but Canadians to suggest to my colleagues that there are lots of elements of the American health care system that should be looked at, and a lot of that has to do with the administration of the system. When we compared our various systems, there were issues that both of us responded to as needing reform and recognized as being of value. If we continue to narrow the debate on health care reform to Canada's position or America's position, I think we restrict our ability to look at solutions that would serve us, particularly from a fiscal point of view.

The role of government is to be the guardian of the values of health care, and that means it will continue to be the responsibility of the provincial government to ensure that the health care of Alberta is publicly administered, comprehensive, universal, portable, and accessible. Despite the changes being made to our health care system, medically necessary services will continue to be insured by our health care insurance plan and provided to all residents.

Although the principles contained in the Canada Health Act will continue to remain an important part of our health care system, they are not the only legislation governing health care, and it does not cover every aspect of providing those services. In Alberta we are in the process of defining what services are considered essential, and this will be a guide to the funding of health services. It will also be a guide to the regional health authorities as to which services are necessary to provide and which services they can choose in accordance to the needs and wishes of the communities they serve.

I would like to bring to the attention of my hon. colleague that as chairman of the advisory council I had the opportunity to visit Ottawa for a conference dealing with specific health care needs of seniors. The focus of that discussion had to do with prioritizing and defining and commenting on what seniors saw as essential health care services. Currently the Canada Health Act does not have that process, but the federal government is looking at a way of defining what essential services are through a number of consultations of that nature. The fact that we are doing it in Alberta should not be considered as stepping outside of the Canada Health Act, nor should it in any way be seen as a way of limiting or rationalizing health services. We have the responsibility to provide essential services, and we are working diligently on that definition.

The Canada Health Act not only does not define these essential services, but in fact it does leave those up to the provinces. This does cause inconsistencies, and what services are provided vary from province to province. I know there are a number of concerns that were raised as recently as yesterday about such things as the extended health benefits, but let me remind my colleagues that we have some unique, privileged services in Alberta with respect to seniors, and other provinces don't offer them. That is the flexibility that the Canada Health Act gives us that the provincial government has taken serious responsibility for and is now transferring that administration to the regional health authorities, because they will have different needs in the different communities that they serve.

We have found that we cannot look to the Canada Health Act for direction on every aspect of health services. It is not meant to be totally inclusive but to provide general guidelines. We work within the parameters of that Act, and we are able to develop a system that best meets the needs of Albertans. We've added one more thing to it: we're looking at what we can afford. By

defining essential services and looking at it within a fiscal framework, we are guaranteeing to Albertans that they will be able to continue to have the health care services that they have come to respect and expect.

In Alberta we are beyond the health care model that is only medically necessary services, and we see an important role for the system to focus on preventative care. Again the regional health authorities will have the flexibility and the authority to determine what preventative measures might be most needed in their community. If you have a drug and alcohol abuse scenario, if you have tobacco abuse, depending on the nature of the community that you live in, the fact that you have the flexibility to develop local programs to provide health services is a plus for Albertans, Mr. Speaker. It is not something that even remotely compromises the strength of the Canada Health Act. To suggest that we will compromise our ability to provide health care to Albertans by tying it to the regional health authorities, to that very prescriptive limitation really does mislead Albertans, and I think that's my major concern with this particular piece of legislation.

3:40

Albertans have expressed the need for responsibility in our health care system. We have a responsibility to maintain our health, and we need the power to make decisions regarding our health. Restructuring the health care system out of the old bureaucratic method and into local level decision-making is one that Albertans embrace. The regional health authorities have been created to manage health care at the community level, and the community health councils have been formed to allow greater public participation in the system. God forbid that all decisions on the regional health authorities would be centred in Ottawa. I ask my colleague to certainly revisit that position that he feels is fundamental in restructuring health care. If anything, we should remove it. These changes will have the effect of making the health care system more responsible to the individuals and the communities that we serve.

Health care is a provincial responsibility, and the Canada Health Act is flexible enough to allow provinces to carry out that responsibility. As long as they comply with the basic services set out by the Act, the provinces are free to make their own decisions and create their own particular system according to the needs and desires of their citizens, and that is the federal direction.

Mr. Speaker, in the restructuring that is going on in Alberta with respect to health care, a number of changes are being made. We have a number of stakeholders at play. The health care delivery system, the institutions, the community, the providers: all of these people, all of these institutions, and all of these entities have a role to play in that restructuring. The structure of the regional health authorities gives them a voice at the table, because members of those regional health authorities have a responsibility to conduct their business in public, to reflect the needs of the local community that they serve. If anything, it is my understanding and my observation from having had a chance to meet with a number of the regional health authorities that they take that responsibility very seriously.

I can understand that the Leader of the Opposition is concerned about health care, but I do not fundamentally agree with this particular Bill. I believe it attempts to legislate something that is already a policy of this government. I find it unnecessary and inappropriate, and I believe it is a cumbersome suggestion that we would be able to reform health care in the way Albertans have come to expect, tying ourselves and our authorities to that particular federal Act.

I would like to conclude my debate and leave the discussion of accessibility and the role of health care professionals to my other colleagues, but I am convinced, Mr. Speaker, that we have a top-quality health care system in this province. We are moving to restructure in a way that will put us at the forefront of health care in this country. It is something that I am proud to be a part of. I urge all members to defeat this Bill.

THE SPEAKER: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker. The Member for Calgary-Currie always makes me think of the fact that no matter how much you try to deny it, the real world still exists. You know, when Peter Lougheed introduced the Alberta Bill of Rights into this Legislature, there was much debate about why you would have to legislate what everybody already believes in. Well, the reason why is because it is very important for a government to demonstrate its principles in legislation. That's one of the most important things that a Legislative Assembly can do.

The Canada Health Act is being eroded by the actions of this government. Let's not make any mistake about that. Let's not deny that. That reality exists. It doesn't matter how much in denial any member of the government side wants to be. That's the fact.

Mr. Speaker, Canadians and Albertans have very high expectations of their health care system. For many it is one of the few remaining symbols of economic and social security. It has been said that if you scratch the Canadian psyche, you will reveal an absolute belief in the entitlement to health care. Now, this is despite the fact that there is no legislated right to health care. The closest thing that Canadians have to a guarantee to good health care is the Canada Health Act and its five guiding principles. Of course, since the actual delivery of medical services is a provincial responsibility, goodwill and a strong demonstrated commitment to those guiding principles at a provincial level is required.

Now, it's not Ottawa, as the Member for Calgary-Currie would suggest, that is threatening to open up or destroy the Canada Health Act. It is the provincial government in this province of Alberta that is threatening to do that. It's not Ottawa that is pushing the envelope of the definitions of those principles. It's not Ottawa, in fact, that is testing the interpretation and the litigation that already exists in this country around the Canada Health Act and what's medically necessary. It's this province. It's this province, because this province refused to participate in the signing of an agreement on the moratorium of private clinics and private fees. It's only this Premier and this Minister of Health in this province that singled out Alberta for special attention from the federal government. It's not Ottawa, and it's very unfortunate that the members on the government side don't seem to appreciate that fact.

Mr. Speaker, it is true that members of the government of Alberta have stated their commitment to the Canada Health Act, but I say that words are cheap and actions speak louder than words. Now, I will remind all members of the throne speech from 1994 in which His Honour said in part:

In health the government will introduce legislation reducing the number of health boards and authorizing the development of community-based management for a full range of health services. All Albertans will continue to have access to the services they need in accordance with the Canada Health Act.

"All Albertans will continue to have access to those services." Well, we're already beginning to see how that's been eroded, but more about that in a minute.

In debate the Minister of Health has said, and I quote from *Hansard* of April 27, 1994:

Mr. Speaker, the Premier is on record in this House as well as through the media many times as to the complete respect that this government has for the Canada Health Act and that we are committed to the Canada Health Act and intend to work within the Canada Health Act. That is not at question in this House or outside of it.

You would think that might just lay the question to rest. You'd think with that kind of stated commitment in these Chambers that the government would begin to act as though they were believing in what it was they were saying. But that's not the case.

This Bill is very, very important. It's coming at a critical time in the history of this health care system. It's coming at a point in time when 60 to 70 percent of Albertans have had their faith shattered in the ability of the health care system to meet their needs. The last two polls show that 68 and then 69 percent of Albertans believe the health care system is worse today than it was yesterday, and that's because of the unilateral, deep, arbitrary cuts that this government has taken. When people are faced with longer waiting lists, when their doctors are telling them that they can't provide the services, when they're going in and receiving services and the doctor is saying, "Well, that's been deinsured; that's not covered anymore," when they're waiting six and eight and 12 hours in emergency rooms in hospitals in this city and across the province, when they're being told that there are eight-week delays for some kind of diagnostic test but if they have the money they can get it tomorrow, people know that the Canada Health Act is being eroded. This Bill is important because we must restore the faith of the people in this province in the Canada Health Act. It is the opposition's goal in bringing this Bill to the floor of the Assembly to come to the assistance of the government in restoring the faith of Albertans in their health care system.

I am in disbelief, Mr. Speaker, when I even hear a suggestion that the government would not want to legislate their commitment to the Canada Health Act. This does not bind the government in any way than it claims it is already bound. What it does is demonstrate in a very tangible way that the Canada Health Act principles will be respected by this current government.

Mr. Speaker, the Canada Health Act of 1984 came about as a result of extra billing by physicians and the application of user fees by hospitals in various jurisdictions. The Bill, the Canada Health Act, received the unanimous support of all parties in the House of Commons back in 1984. It consolidated some previous legislation, particularly the Hospital Insurance and Diagnostic Act, commonly known as the HIDS Bill of 1957, and also the Medical Care Act of 1966. When the Bill was passed by the Commons, it declared that the goal of the Canadian health policy was to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.

Let me re-emphasize the last part of that quote: "to facilitate reasonable access to health services without financial or other barriers."

3:50

Now, the Canadian Bar Association has recently said that private facility fees are in fact a barrier to access and therefore constitute a violation of the Health Act. The federal Minister of Health has recently issued a challenge to all provinces to remove facility fees from their operations or else risk the withholding of transfer payments, because the federal Minister of Health knows that these private facility fees violate the Canada Health Act. It seems that the only people who don't recognize this violation are

the Minister of Health in Alberta and the Premier of the province of Alberta. When asked how they would respond to the federal challenge to adhere to the Canada Health Act, they said, "Well, I guess we'll see you in court," or words to that effect, Mr. Speaker.

The five principles of the Canada Health Act, four of which originated in that 1957 HIDS legislation, are of course: accessibility, comprehensiveness, portability, public administration, and universality. Let's explore what those mean to Albertans in a little more detail. First, accessibility. Now, accessibility means that there will be reasonable access to all medically necessary services without financial or other barriers. Take, for example, physiotherapy. This would mean that somebody who requires physical therapy in this province should be able to access that without having to worry about copayment or private insurance or coinsurance or a user fee. They shouldn't have to worry about arbitrary caps on services. If it is a medically necessary procedure, as it was in the case of Mrs. Ruth Westenberger, who we introduced in this Assembly last year, then it should be provided. Patients who require life-sustaining therapy such as chest percussion should be able to get that without putting the rest of their financial security at risk.

Let's talk about accessibility in regards to certain orthopedic procedures. Let's look at the outrageously long waiting lists in this province for hip replacements or knee replacements. Let's look at the seniors whose life-styles are being entirely compromised because they are being told that they have to wait not days or weeks but months for certain types of orthopedic interventions. Mr. Speaker, we're told that we are in a process of managing these kinds of surgical interventions, but these aren't being managed at all. These are just being extended and delayed. In fact, it's counterproductive, because the degree of need increases, the acuity of the illness or the ailment or the disability increases, the length of care in a hospital increases, and the amount of home care required both before and after the surgery becomes more extensive. This is certainly being penny-smart and pound-foolish. There is no doubt that accessibility has in fact been compromised.

Let's take a look at MRI. This is a very high tech, very expensive, rather novel diagnostic process. Mr. Speaker, it is true that there are more MRI machines per capita in this province than elsewhere, but that doesn't have anything to do with accessibility. We have the second highest waiting list for MRI anywhere in Canada. Even for those individuals who do access MRI, they are then just simply put onto another waiting list for what the medical intervention is that they need as a result of the diagnosis that was achieved through the magnetic resonance image.

Let's explore for just a minute what happens if somebody is told that they can wait weeks and weeks and weeks for an MRI, or if they have the money, if they have the bucks, they can go and buy one today or tomorrow. Well, let's say that person does have the money or they make the decision that they'll spend the money or they'll get the money somehow to get that diagnosis completed at a sooner date. Well, that's fair enough, Mr. Speaker, but then what happens is that they go into the other queue. They go into that lineup for the actual treatment. Let's say it's a surgical intervention. What that does is totally disrupt the whole notion of this being managed. It totally disrupts the notion of the system acting in the total public good. What you've done is you've artificially inserted some private interests in the face of all of the public interests that publicly managed accessible health care should be addressing.

Let's look for a minute at comprehensiveness, the second principle of the Canada Health Act. Now, this means that all

medically required services provided by hospitals, medical practitioners, and dentists have to be – they must be – covered by a health care insurance plan of a province. This includes additional benefits and services of other health care practitioners even though this may be at the discretion of provincial plans. Now, depending on provincial needs and provincial priorities, the coverage can and does vary from jurisdiction to jurisdiction. The Canada Health Act allows for that. The Member for Calgary-Currie suggests that we would somehow be in lockstep with what everybody else is doing. That's not the case at all. The Canada Health Act allows for provincial flexibility because it recognizes that needs will vary. The people who don't seem to recognize that needs will vary from time to time and from place to place is this government, who are making very arbitrary decisions about what Albertans will have access to and what they won't have access to. Comprehensiveness, because of this attitude, is being threatened, Mr. Speaker.

Now, the definition of medical necessity is of course key to this notion of comprehensiveness, but we cannot allow this government to simply keep on redefining what is medically needed just to meet its budget goals. We cannot allow this government to keep on eroding what Albertans can expect in terms of medically necessary services just because they want to save some more money. Health care is not simply a transaction between a provider of a service and a consumer. We are not in an environment where we say with health care: it's your money or your life. Mr. Speaker, we are in the environment where we respect people's needs for health care, and in fact the whole basis of the provincial plan is to protect people from the catastrophic effects of having extraordinary medical needs. The budget is very important. Affordability has to be part of the formula, but when it comes to health care, there's a whole series of other factors that go into that formula as well.

Mr. Speaker, let's look at portability. This is a requirement for a province to make payments at a rate determined by the Act for medically required services received by its residents while they may be outside of their province. So this means that Albertans who are traveling outside of Alberta can still expect some coverage. It means that Canadian residents will benefit from some provincial health coverage no matter where they are, either in this province or abroad.

What about artificial barriers that this government is setting up within this province? Mr. Speaker, as if it wasn't enough of an issue that portability is being threatened because of recent decisions of this government regarding out-of-country seniors particularly, let's look at the potential for chaos and concern and barriers between regions. We now have 17 regional health authorities. This government hasn't seemed to be able to figure out what they meant by regionalization. We don't know whether it's regional management, regional planning, regional governments, regional funding. This government hasn't addressed fundamental issues such as: what happens if a patient wishes to receive medical services outside of that person's hometown? We haven't addressed such fundamental questions as: what will happen if you do allow for nurse practitioners to provide primary care in some remote places if that recipient of that care chooses to go someplace else? This government hasn't addressed whether the dollar will follow the patient, whether the dollar will follow the practitioner, whether it will be a hybrid of both or maybe neither.

The government has said that there won't be artificial barriers or walls erected between regions, yet each one of these regions is being driven to compete artificially against one another. They're

being driven to compete for physicians' resources. They're being driven to compete for capital resources. They're being driven to compete for the ear of the minister when it comes to such issues as the disestablishment of boards and the transfer of assets. Mr. Speaker, we know that barriers exist between regions, and we are fearful that those barriers will become more real and more apparent and that they will further reduce the portability of health care for citizens not just who travel outside of this province but even within the province.

Public administration: this requires that provincial health care insurance plans be administered on a public not-for-profit basis. Not for profit. It means that all provincial governments are the sole insurers for medically necessary hospital and medical services. Additional services can be and generally are covered by some private insurance plans. In Alberta I think the numbers are somewhere around 70 or 75 percent publicly insured and maybe 30 or 25 percent privately insured. We don't know because even though Alberta Health claims that they have the information, they don't share it.

That notwithstanding, we do know what may be in the minds of the Minister of Health and her cabinet colleagues and what they talk about behind closed doors in those cabinet meetings when we glimpse at one of the sections of what was Bill 20, what became the Regional Health Authorities Act, because buried within that Bill is a clause that allows the Minister of Health to issue, by any other word, health care vouchers, a voucher that the minister could give to a potential consumer, which I suppose is the new language of the government, to receive health care services. They only know where, whether it be in this province or someplace else, whether it be in a publicly funded hospital, or whether it be in a private clinic. The minister isn't saying. We don't know, but we do know that the legislative framework now exists for this government to totally twist the whole notion of public administration by circumventing the exchange of dollars between the government and the provider and instead inserting a health care voucher. Mr. Speaker, this is the first step to a totally commercial system of health care, and this cannot be allowed to happen in this province. The voucher system is scary, but so are the plans of this government to allow for more commercial care.

4:00

When I hear the Member for Calgary-Currie talk in glowing terms about the American system, a system that of course the President of the United States is trying to change, I can only commend to the member and to all members on the government side a recent syntheses report of a symposium on health care economics that was held at Queen's University. Mr. Speaker, this report, entitled Sustainable Health Care for Canada, was published in January of this year. It's an excellent document. If anybody has any doubt about the value of a single-payer, publicly administered system, I suggest they read this book. It concludes in a way that cannot be challenged that the best way to control costs in a global sense is through a sole-payer, publicly insured and administered system. There is no more argument about that.

[The Deputy Speaker in the Chair]

Mr. Speaker, controlling costs is very important. Controlling costs has to be part of the picture. The hon. member opposite mentioned that the government of Alberta has added one more principle to the Canada Health Act, that being affordability. Everybody is talking about affordability but not affordability at the risk of causing undue hardship or even at the risk of causing death. That's not the kind of health system that Canadians want,

and that's not the kind of health system that Albertans want. In fact, part of the social contract, one of the reasons why we all contribute to the public good through the payment of our taxes is that we give to the government the responsibility for establishing a safe and accessible health care system for all of us when we need it, not just at the whim of a government of the day.

Let's take a look at the fifth principle, that being universality. Universality means that all legal residents of Canadian provinces are covered by their provincial health care insurance plans. It doesn't mean, Mr. Speaker, that only those with personal wealth are covered. It doesn't mean that only those who live in one part of the province are covered, and it doesn't mean that only those people who live in one part of the country are covered. It means that all Canadian residents who are legal residents of this country are covered by their provincial health care insurance plans. Not a two-tier system, not a multi-tier system, but a single-tier system that treats us all the same regardless of who we know or how much money we have in the bank.

Mr. Speaker, the Canada Health Act was put into place because in the early 1980s there was a risk that governments were going to try to take the easy way out, and that was to allow for the privatization and the Americanization of our health care system. The Canada Health Act was put into place to contain costs. The Canada Health Act was put into place to guarantee access. The Canada Health Act was put into place to ensure public administration. The Canada Health Act was put into place so that health care would not be taken away from Canadians. The Canada Health Act guarantees Canadians their health care. It guarantees a relationship between the provinces and the federal government. It's more than just a funding agreement, and we need to have it ensured.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Cross.

MRS. FRITZ: Thank you, Mr. Speaker. I, too, would like to take this opportunity to make a few comments on Bill 201, and I frankly do so with the knowledge that the Regional Health Authorities Act that we regard to be very useful is being questioned by the Leader of the Opposition. In fact, the comments that I've heard in this Legislature this afternoon from the opposition have almost taken my breath away. I cannot believe what I am hearing about our health care system.

Mr. Speaker, the author of Bill 201 has veiled these amendments to the regional authorities Act as an avenue to restore confidence in the health care system for Albertans when really I believe he knows that it does exactly the opposite. By questioning the integrity and the commitment of the volunteers on the regional health authority boards to the principles . . .

AN HON. MEMBER: We haven't.

MRS. FRITZ: You certainly have.

. . . in the Canada Health Act, the opposition leader has for obvious reasons I think undermined the positive changes that are currently taking place in the Alberta health care system. We previously – and we all know this – had a system that was costly and it was overadministered. Too often territorial and jurisdictional differences interfered with the operations and funding of health care service agencies, and this tended to undercut the co-ordination and overall benefits of the programs that were offered and the funding that was available.

It became abundantly clear, Mr. Speaker, to the Alberta government that steps needed to be taken immediately to reorga-

nize and co-ordinate the existing resources that were available to Albertans within the health care system. The many gaps that existed within this system needed to be addressed, and by restructuring our system to be managed by regional health authorities, we are addressing these problems and implementing a new system that will be better able to respond to the health care needs of Albertans.

The change in structure that has taken place through the creation of regional health authorities is one that Alberta communities have responded to and I suggest they are confident in. I'm very appreciative of the total commitment shown by dedicated Albertans who agree with the concept of restructuring taking place in Alberta and recognize the importance of this restructuring to the future of our health care system. You know, Mr. Speaker, I am especially thankful to the volunteers in the regional health authorities and community health councils who have worked so hard to make changes a reality. In my view, the result of the implementation of the regional health authorities has been a substantial improvement in effectively responding to the health care needs of Albertans. I speak to that from experience. That's from having worked as a nurse within a large hospital in a large municipality for 20 years, so for a very long time. These health authorities are in place for the right reasons.

Mr. Speaker, I would like to tell you, as the MLA for Calgary-Cross, a bit of my experience, most recently with the Calgary regional health authority, which is a volunteer board of very dedicated, hardworking, committed volunteers who have been meeting the needs of my constituents. I want to share with this Legislature in what way they have done that, because many of us in the Legislature talk to one another and we share with one another what actually has been occurring within our communities.

The Calgary regional health authority recently had two members come out to our community. We had 100 volunteers from the community at the meeting, Mr. Speaker. It was to discuss the very real issue that is dear to people's hearts, and that's the overnight pediatric beds at the Peter Lougheed hospital. Now, the two members that attended the meeting were very clear that they were there to listen and to respond, and they did that. They did not simply react. What they did – and this is through the health authority – is they went out and set up a task force. They advertised that task force through a public paper and selected members to be on that task force very much to address the issue that they were hearing. It was a task force to deal strictly with pediatrics. The regional health authority is going to do that, I understand: have task forces on many issues, not simply the one on pediatrics but many issues that Albertans bring to them. That's the type of response that I believe leads to confidence in the health care system by Calgarians and Albertans, when they know they are being listened to, and that is exactly what the health authorities do.

Also, Mr. Speaker, Calgary's health authority met two weeks ago with the hon. Minister of Health, the Provincial Treasurer, and other Calgary MLAs. They met to discuss issues that are facing Calgarians. I'm surprised. I would have rather seen something come from the hon. Leader of the Opposition in this regard really, to the very real issues. There were issues about the funding disparity between Calgary and Edmonton, the community-based model and how we're going to get there. Albertans are wanting to move on that community-based model very quickly. I know we saw in the throne speech that we're going to have nurses as primary care givers, but people are wanting to move there and be there very quickly. They also shared with us the communication network that as an authority they've put in place for Calgarians.

Mr. Speaker, even as recently as this Saturday we had five members of the regional health authority attend a breakfast meeting in our constituency for constituents to ask them directly in what different ways they are responding to the health care needs of Calgary-Cross. Now, I put to you that that single health authority is working very hard in that way and hard in the way of not only meeting with constituents but actually listening and acting upon what constituents want to see put in place. They are working from the principles of the Canada Health Act, and no matter what the issue is, they very much let us know that that is the basic premise of where they're working from. It's far easier for us as Albertans and Calgarians to interact with one regional authority with 15 volunteers rather than as many boards as had been in place in the past. So I think that, as I said, leads to confidence in the system through communication.

4:10

Mr. Speaker, Alberta has also signed the Canada Health Act and abides by the principles in the Act, and I know the Leader of the Opposition realizes that. As such, even though our health care system is now governed by the regional authorities Act, this Act is interpreted in a manner consistent with the criteria that are set out in sections 8 to 12 of the Canada Health Act, which are outlined here as well. The regional health authorities are committed to maintaining – and I really believe this – the five principles of public administration, comprehensiveness, portability, universality, and accessibility in our health care system. Those are the cornerstones of the health care system that are valued in Canada, and they are respected around the world. We all know that.

As we said, the health care system is being restructured, and it's not to disregard the principles of the Canada Health Act or to jeopardize the quality of health services provided in this province but rather to make the system more efficient, more effective, and more responsive to the needs of Albertans. Health care is a provincial responsibility, Mr. Speaker, and different provinces do have different views of what services are medically necessary – we heard this today in question period in this Legislature – and how those services should be provided. Consequently, provinces structure their health systems according to their own local views and needs. In fact, in Alberta there are a number of medical services not required under the Canada Health Act that we provide partial or full coverage for and other provinces do not.

I would like to take an opportunity here to set the record straight on what the opposition leader had said in his opening debate, Mr. Speaker, and that was in regards to Dr. Gimbel's Bill which came before the Private Bills Committee. He said that the government had encouraged that Bill and promoted that Bill, and those are the terms that he was using. Well, I can tell you that I sat on the Private Bills Committee, and under the leadership of the MLA for Medicine Hat that committee eventually saw the Bill withdrawn. I can tell you that happened with a lot of discussion between our chairman and our Minister of Health.

Just to set the record straight, as the Minister of Health so often does, she responded immediately to the withdrawal of that Bill. I'd like to file with the Legislature a letter dated January 13, 1995, which was written to myself by the hon. minister. In this letter she says very clearly what her thoughts are in regards to public policy in relation to that Bill. It certainly was not an encouragement of the Bill, although there was a process by the way Dr. Gimbel was able to have the Bill put before the Legislature, but as I said, it was withdrawn. I think you should hear these two paragraphs, Mr. Speaker. What the hon. minister wrote to me was:

You will recall as a member of the Standing Committee on Private Bills, that in the Spring 1994 session of the Legislature the Gimbel Foundation Act was introduced as a private members bill. Essentially, the bill proposed that a charitable corporation be allowed to provide health care and education, and to undertake scientific research. The bill was withdrawn in the last session.

This is the important part of what the minister said.

I believe it would be useful however to look at this issue from a broader perspective than a single foundation. Should charitable organizations be allowed to practice medicine? If so, what would be the best way of enabling this to happen? Are there any restrictions that should be placed on such organizations?

These are the questions from the hon. minister. They are not the promotion and encouragement of government for one particular individual's Bill.

These are all questions of public policy, and demand our careful consideration. I would like to table a draft . . . consultation paper.

She wants us meeting and speaking with Albertans very much in regards to this and gives a time frame. In fact, the hon. minister asked me on Monday: how is that committee doing? I know it's premature for me to comment here in the Legislature as to the outcomes of that committee because the organization of the meetings is still taking place.

The diversity of health care systems does not contravene the Canada Health Act. The Act provides for flexibility because it would be unreasonable and ill-advised to expect all provinces to be the same.

I'm sorry, Mr. Speaker, I have to go back to that. I really do want to file this in the Legislature because I think it sets the record straight.

Also, Mr. Speaker, the Canada Health Act is important legislation but not the only legislation that defines the health system. The Canada Health Act refers to the activities of doctors and hospitals and the shared federal and provincial funding of the system. In Alberta it is the Regional Health Authorities Act that deals with other health areas such as health units, long-term care facilities, and community rehab services. Both the Regional Health Authorities Act and the Canada Health Act are legal documents, but they must be interpreted in context. The two documents may go hand in hand, but they do not duplicate each other. When they do go hand in hand, the principles that guide them are fundamentally the same. However, we should not support, I believe anyway, tying provincial legislation to legislation that is not under our control.

When reading Bill 201, I was very surprised that the Leader of the Opposition would encourage the loss of accountability of publicly funded health services to Albertans, because that's what this Bill does. It happens by endeavouring to put in place a new structure through Bill 201 that would take our existing provincial legislation, such as the Regional Health Authorities Act, and make it subordinate to federal legislation. Mr. Speaker, this is simply not practical. Besides, our existing legislation fulfills our commitment to the health care of Albertans.

I think it is fair to say, Mr. Speaker, that the principles in the Canada Health Act are already protected by legislation. I think it is also fair to say that Albertans will value and support their health care system. [interjection] I have a comment for you, actually, you who is yelling at me over there.

You said we should be in the real world. The real world does exist; that was your comment. The Leader of the Opposition so loosely threw out the terms leukemia and beloved family members and how we experience sustaining and maintaining our system. Well, I can tell you, Mr. Speaker, that our family has in the past six weeks suffered a very personal crisis. It's an immediate

family member. Yes, it is leukemia. Yes, I have interacted with the system every day for the past five weeks, two to three hours a day. It happens to be one of the largest hospitals in the municipality of Calgary. They're undergoing very much change. As I said, I graduated from that hospital, worked there 20 years, and had an opportunity over the past month to interact very much with people from dietary, engineering, maintenance, physicians, caregivers, you name it. We had long discussions.

I took your Bill, Bill 201, with me because I would take my work to the hospital, and I opened it. I don't know what I expected, but it wasn't this. I read it, and I thought: I don't believe this; this is actually the first Bill that's going to be in the Legislature by the new Leader of the Opposition? But I took the opportunity to discuss that Bill with people that I know very, very well, as I said, through the past 20 years. Those people said to me very clearly: Yvonne - I'm sorry, Mr. Speaker, for saying my name - they don't realize that these principles are fundamental to us as caregivers, and they're ingrained in what we do. We had long discussions about it. That's the real world.

Thank you, Mr. Speaker.

MRS. ABDURAHMAN: Mr. Speaker, I rise in support of Bill 201. I firmly believe that at this point in time in the province of Alberta the principles of the Canada Health Act indeed are not being upheld. As I make my comments, I will take you through some scenarios which I firmly believe will show you that they are not being upheld at this time. I'm indeed pleased that this is our leader's Bill.

Unlike Calgary-Cross and Calgary-Currie, who I believe have left very mixed messages in the Legislature and to Albertans, I'm not quite sure whether they really truly support the principles of the Canada Health Act or indeed if this government supports the principles of the Canada Health Act. I'd just like to pick up on the comments that Calgary-Cross said, in a very sensitive manner, that indeed this system does work and that there's no need for the Canada Health Act principles to be enshrined in legislation that would govern the 17 regional health authorities.

4:20

Not unlike Calgary-Currie, we as a family also for the past two years have interfaced with the health care system in life-threatening situations. Indeed, there's no cure for two of the illnesses in my family. Now, I'd like to suggest that my interface with the health care system has differed substantially from a number of my constituents. I wonder why that is? I would suggest it's because I'm a Member of the Legislative Assembly, I have a husband who is a physician, and I was a former nurse. I had access when I needed the appropriate care. Unfortunately, I cannot say that for all of my constituents. At this time I want to make not only the members of this Legislature aware. I firmly believe comprehensiveness is indeed not happening within the province of Alberta.

We may indeed remember the name Leslie Pooler, a young woman, a constituent of mine who suffers from scleroderma, who looked for a treatment within the province of Alberta that would stop this unfortunate disease from progressing in her body and indeed save her life to remain a mother and a wife. She was made aware that the only place that possibly could give her some greater knowledge on her illness and treatment would be south of the border. That was denied her, so she ended up going to Toronto to a Dr. Lee, who I have been told firsthand had no greater knowledge than a Dr. Lauzon in the city of Edmonton, a dermatologist. She went to Toronto, came back to be told by that

physician that the only place there may be an answer for her was the Mayo Clinic.

Now, an interesting thing happened, and I have to commend a gentleman and a colleague sitting in this Assembly on the government side whose father noted this woman's disability. The father contacted the son and said: you've got to do something for this woman. I have thanked that individual for doing for Leslie Pooler what should have happened at the first. She ultimately went to Scottsdale Mayo Clinic.

Now, the story doesn't just end there. She was put on the most up-do-date chemotherapy for her illness. The good news is that she is now recovering the use of her fingers. Her wooden-looking skin has softened. But the tragedy is that physiotherapy is part of the treatment that she needs to hopefully facilitate – and she will never get back 100 percent use of her arm. Do you know, Members of this Legislative Assembly and Albertans, that if it wasn't for a private clinic giving her free treatments, she indeed could not access the physiotherapy that she desperately needs because her budget, quite frankly, won't meet that? To me, then, we do not have a comprehensive health care system in the province of Alberta. I stand here with sadness in communicating that story because to me that typifies what's happening with this so-called restructuring.

I'd like to remind members of this Legislature of a document, the Hyndman report. It was an excellent document, and the past Conservative government in its wisdom did not think it was appropriate to move forward with it. A former member of this Legislative Assembly called Nancy Betkowski saw the wisdom that the restructuring of our health system was essential. What happened then was indeed the discrediting of where that fine Albertan stood on the restructuring of health care. Indeed, following her decision not to participate in the democratic process anymore, we had a provincial election where members of this Legislature or other candidates under the leadership of the Premier suggested in this province it was the Liberals that were going to close rural hospitals. Guess who's closing them? We speak with forked tongue.

Now, Mr. Speaker, I've used one example of why we do not have comprehensiveness or indeed universality. I have another example. I could possibly at this time table 10 examples that have happened to Albertans, but this example clearly shows that where you work, your socioeconomic status, determines what level of health care you will receive and indeed who will pay the bill.

I have two constituents. They're from families that probably have never ever thought of getting in contact with an elected official before because they're very independent people, pioneer families from my constituency. They unfortunately had members of their families injured in Jasper. Now, what happened in Jasper was that they were not admitted into the Jasper hospital. They were kept in the emergency services component of the health care system. They as average Albertans didn't realize the difference between being in an emergency centre and not being fully admitted into a hospital.

What resulted was the physician asking by telephone the parents of the young man, who was there on a school trip, if they had insurance or had the school insurance so they could transport this young man back to Edmonton, because the level of treatment that was required couldn't be given in the Jasper hospital. It was suggested to the father that if his insurance didn't cover it, they indeed would have to pay the bill. If there wasn't school insurance, once again they would have to pay the bill.

The father communicated to the hospital – and I'm going to table this document – that he would prefer to have time to examine whether indeed they had insurance before they made a decision on how this family member would be transported. He still could not determine whether they were covered or not from looking at his insurance, so he had made a decision that if it were too costly, he would be looking at a taxi from Jasper to Edmonton, or indeed they would drive to Jasper to bring their son back to the Royal Alexandra hospital. Unfortunately, by the time he phoned the Jasper hospital, his son was en route. Ultimately what has happened: there is a total bill of \$3,000. When I last spoke to the family, they had no idea if a portion of the bill would be paid by insurance or not.

Now, I could relate another example where indeed this family does not have insurance, and their bill is \$3,000. I just had a phone call from Sundre, Alberta, where they have a bill for \$1,000 because of a lack of ambulance insurance.

Now, the point I want to make. Since when did ambulance service not be an integral part of health care when indeed you cannot get the treatment that you require in a facility and you need to be transferred to another facility? Now what happens is that the physician makes a decision: will I admit this patient or not so that they can be transferred by the interhospital transfer system?

Point of Order Relevance

MRS. BURGNER: Point of order.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Currie is rising on a point of order. Would you share the citation?

MRS. BURGNER: Mr. Speaker, we are debating the regional health authorities having direct authority from the Canada Health Act, not how a doctor would admit a patient at any given time in a process.

4:30

MRS. ABDURAHMAN: Mr. Speaker, I wish to speak to the relevance. The reason that I am raising these examples is that it is essential for the principles of the Canada Health Act to become part of the legislation governing the regional health authorities. In relevance, the Canada Health Act deals with comprehensiveness, universality, affordability, and accessibility. My examples deal with every part of the four components that I've identified within Bill 201, which we are requesting through legislation become part of 17 health regions' governance legislation.

THE DEPUTY SPEAKER: The Chair has some difficulty with the issue of relevance raised by Calgary-Currie. We seem to have a number of personal details of people, but I would say that the hon. Member for Clover Bar-Fort Saskatchewan has tied it to the Bill, and we would request her to continue to endeavour to make her comments as relevant to the Bill as possible.

Thank you.

Debate Continued

MRS. ABDURAHMAN: Mr. Speaker, the one thing we all know is that there's nothing more personal than your health care, so I certainly will not apologize for making it personal on behalf of Albertans.

You know, in the throne speech it says, "Good health is a gift." We're not all blessed even at birth with good health, and that's why indeed accessibility, comprehensiveness, affordability, and

universality are so essential for the 17 regional health authorities to be governed by, because without that, the examples that I have used will continue and the deterioration of our health care system, which is well on its way, will continue. The chaos is there, and for a government not to acknowledge that or recognize it disturbs me even more so. Basically, what I'm hearing – and this goes back again to accessibility and comprehensiveness – is that individuals within our health care system in the acute care system are becoming statistics.

I'm going to use another example, Mr. Speaker, where accessibility is not allowed to happen: when a cancer victim and senior at the point in their life where we know there is no cure is being discharged into a community where their care needs 24-hour services, and it's not there. Yet in our community it took members of a legion to intervene to ensure that that lady was able to stay within the Fort Saskatchewan general hospital. That's why we need the Canada Health Act principles clearly stated in Bill 201 to become part of the regional health authorities.

With regards to the regional health authorities, quite frankly, Mr. Speaker, without this Bill and without the Canada Health Act principles clearly giving them direction, I certainly would not want to serve on one of those authorities. In fact, I don't envy them their tasks right now, because my past experience has been that you can bring forward progressive ideas and show what needs to be done, to be ignored by the government of the day. That's the tragedy. We can use examples of psychiatric beds. There isn't the accessibility there right now. This is being communicated to the minister, where families are coming and saying, "We need the services for our family members."

I would say that if the Canada Health Act's principles become part of the Regional Health Authorities Act, a government would be legislatively required to ensure that they had the resources to meet the needs of Albertans' health. I would also say, Mr. Speaker, through you to the Minister of Health, that if we're serious about meaningful restructuring, we would be acting and acting very quickly to ensure that Albertans are not statistics and that we have a holistic care for Albertans who indeed are suffering from an illness. What we've got right now is a very fractured system where people are getting little bits and pieces of treatment.

MR. DINNING: Speak up. I can't hear you, Muriel.

MRS. ABDURAHMAN: Well, Mr. Speaker, I think, as I've said before, that the Provincial Treasurer for some reason has not been taught manners, and he likes to turn his back on the Member for Clover Bar-Fort Saskatchewan.

If indeed we're going to deliver health care in an effective and efficient manner, the quicker this government in their wisdom becomes enlightened and supports Bill 201. I firmly believe that what we're going to end up with is a system that I left in Britain in 1968. I came to Canada, to Alberta, to one of the finest of health systems that I have experienced around the world, and I don't say that without having some exposure, whether it be within Europe, Britain, or the Third World countries.

We have an enviable health care system, not today but as of, I would suggest, two years ago. And really, Mr. Speaker, if the principles of the Canada Health Act had indeed been followed, I wouldn't be standing here today talking to Bill 201. I would ask that every member of this House think about the examples, the only two examples I've shared with you, because I could share many, many more examples, and you have the same examples in

your constituencies if you're indeed being true to yourself and your constituents.

With those comments, Mr. Speaker, I thank you.

THE DEPUTY SPEAKER: The hon. Member for Bow Valley.

DR. OBERG: Thank you very much, Mr. Speaker. It's certainly a pleasure to stand here and address Bill 201. I think this is a very important discussion to be had at this time in health care restructuring around the world, and I use the term "around the world" because health care restructuring is taking place around the world.

Before I get into the actual nuts and bolts of the Bill, Mr. Speaker, I would like to refer to a quote, if I may. This is something that is very interesting to me, and it does apply to the Regional Health Authorities Act, which this is an amendment to.

In considering such a plan we must assume that there is no longer a choice as to whether we want regionalization or not. . . . The free enterprise thinking of the government in this province makes this choice possible, and its attitude in previous problems of a similar nature indicates that it would prefer to leave as much autonomy as possible at the local level. However, governments can't afford to wait forever, particularly where a wastage of public funds is concerned, and only an immediate awakening of interest and activity on the part of the associations and their members throughout the province can give us the opportunity of participating in the development of a regional program for health services.

Mr. Speaker, that was written by a Dr. Doug Wallace in 1963. It shows that we are on the right track. It shows that what we are doing has been . . . [interjections] It shows that this is the accepted view of health care reform for the past 30 years, and it shows that we're moving towards that.

I would like to refresh the members of the Legislature's memories on exactly what the Canada Health Act is and, if I may, quote from the Canada Health Act. It is:

An Act relating to cash contributions by Canada in respect of insured health services provided under provincial health care insurance plans and amounts payable by Canada in respect of extended health care services

Whereas the Parliament of Canada recognizes:

– that it is not the intention of the Government of Canada that any of the powers, rights, privileges or authorities vested in Canada or the provinces under the provisions of the Constitution Act, 1867, or any amendments thereto, or otherwise, be by reason of this Act abrogated or derogated from or in any way impaired.

And I go on.

– that future improvements in health will require the cooperative partnership of governments, health professionals, voluntary organizations and individual Canadians.

Mr. Speaker, this Bill says that if you do not co-operate with us, we will take cash away, and I find that very hard to deal with when it comes to health care.

Mr. Speaker, it goes on to say:

– that continued access to quality health care without financial or other barriers will be critical to maintaining and improving the health and well-being of Canadians.

Again, a very good statement.

4:40

There are some very interesting questions that have been raised in the debate to this point. Essentially, as has been raised numerous times, there are five principles to the Canada Health Act. I must say that I as a member of the government and the government have committed ourselves to the principles of the Canada Health Act. The first one is public administration; again,

a single-payer public system is a very important system in Canada. Number two, comprehensiveness, again an important issue. Number four, affordability, a very important issue as well and one that we certainly feel very strongly about.

I'd like to address the issue of accessibility. Accessibility should not be tied to cash contributions, as this Canada Health Act has put forward. Mr. Speaker, the issues about accessibility are two. First of all, do the people in Canada have access to equal quality of health care? That is an extremely important issue when it comes to access. There are other countries, such as the countries south of the border, that do not have equal access to quality health care for everyone. People who do not earn as much money are subjected to a lower standard of health care. That does not happen in Canada, nor would I ever wish to see it happen.

The second issue, Mr. Speaker, is access. To get to the nuts and bolts of it, let's talk about specific circumstances. The specific circumstance that I will use is cataract surgery, as this is one that has raised the ire of the federal Health minister and is probably the one that has evoked this response. This morning I took the liberty of calling across Canada to determine what the access is to cataract surgery in Canada. If I may quote, the Moncton city hospital has a waiting list of 13 to 16 months for normal cataract surgery. At any one time in Moncton there are between 4,000 and 7,000 people on the waiting list to have their cataracts repaired. These people are undergoing problems with their cataracts while they're on the waiting list from 13 to 16 months.

I took the liberty of calling an ophthalmologist in Ontario, just outside of Toronto. He stated that his waiting list was four to six months at the moment. He states that every month he has to send patients down to Florida, where they pay between \$2,000 and \$3,000 U.S. per cataract to have them done. Mr. Speaker, these are people who are having an accelerated cataract and they are going blind. They cannot wait the four to six months that are needed in this system.

I also took the privilege of phoning an ophthalmologist in Calgary. That ophthalmologist does run a private clinic. He said, "What is the waiting list for cataracts?" Mr. Speaker, we are talking about the health care here. We are talking about access to health care for a treatment procedure that helps people see. In Alberta the waiting list for the public system is four to five weeks. This is compared to 13 to 16 months with a waiting list of 4,000 to 7,000 people. We're talking access here, and we in Alberta provide better access than anyplace else in the country. I think that's important.

Mr. Speaker, another issue is universality. A direct quote from the previous speaker: where you work and your socioeconomic status should not determine the level of health care that you receive. That is something that I believe in as well.

This morning I had the pleasure of contacting a hospital in Ottawa called the NDMC, the National Defence Medical Centre, where up until six months ago they had a clinic called the special VIP clinic. What this special VIP clinic was was access to any amount of specialists that were needed. And who can access this? High ranking federal bureaucrats and MPs and visiting guests.

Mr. Speaker, we have a government in Ottawa that is saying, "We don't want a two-tier system, but let us get in there first, because we want specialized treatment." [interjections] If I may go on, did the Liberal government, in their knowledge and their enforcement of the Canada Health Act, say, "We don't want this; we want this to stop"?

MR. HAVELOCK: No. No.

DR. OBERG: Good prompting.

What happened? The provincial government in Ontario said, "We will no longer pay OHIP payments to NDMC." Mr. Speaker, it was the provincial government who stopped this, not the federal Liberal government despite the fact that they had it in their power. During that time, they have been talking to us about accessibility. They have been talking to us about quality of care. We have here the highest standard quality of care that there is.

Mr. Speaker, there's another very important issue that often we as politicians tend to stay away from. One of the issues here is the abortion issue. As you know, there are privately funded abortion clinics in Alberta and right across the country. This is an issue that is a very important issue when it comes to the Canada Health Act, because I do not see how you can differentiate the abortion issue from the cataract issue when it comes to the Canada Health Act. I put a challenge to my Liberal colleagues across the floor and the Liberal colleagues in Ottawa. Do you wish that the abortions should be paid for completely out of public funds and thereby bump necessary medical procedures in the existing hospitals either by decreasing the amount of funds or bumping them from the OR time? Or – and I do hope that they clarify this – are they wishing that the abortion clinics opt completely out of the health care system, which is within their power under the Canada Health Act? Then only the rich – only if you have enough money to access these clinics will those people get abortions. It's a very difficult issue, Mr. Speaker, but unfortunately it's a very real issue.

I've tried to make numerous points here today. I think I can only go on to say how important the Canada Health Act is to our government, how important the Canada Health Act is to me personally, how I disregard tying cash contributions to patient care. Mr. Speaker, we have the best access in Canada. Statistics show it, facts show it, and the facts don't lie. This is a very difficult issue. We're trying to provide quality health care to the people of Alberta in a timely fashion.

Mr. Speaker, I'd like to leave you with one thought today. If the access to cataract surgery in Alberta is four to five weeks because we have private clinics and the access to cataract surgery in New Brunswick is 13 to 16 months, who's breaking the Canada Health Act?

4:50

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

MRS. HEWES: Thank you, Mr. Speaker. It was quite an interesting series of comments from the government members. The astonishing thing to me is that the minister has said, as have a number of other speakers, that everybody agrees with the Canada Health Act, that this is in fact Alberta policy. Well, then what are we afraid of? What is the issue here? Either you believe in it or you don't. You can't have it both ways.

Mr. Speaker, I have long proposed health care reform, long before anyone else in this House talked about it. It's being driven by different technology, different drug discoveries, different procedures, different communications technology, and certainly a difference in attitude – a push towards wellness, towards community service, towards home care, keeping people out of institutions – and I have supported all that. Of course, it's also being driven by the cost. After having suggested that nothing was going to happen, this government decided to get into health care reform. Okay, but it's not quite working out the way it was anticipated. It's not quite working out as we expected. We now have, as the

hon. Leader of the Opposition has described it, chaos. It's clear, and each one of us is hearing about it in our constituencies, and that can't be denied.

Mr. Speaker, we now have one committee stacked on top of another. If there's a problem, we'll strike a committee, and that supposedly will satisfy those disgruntled folks. Now we have the Premier commenting about our stories and resistance, describing them as victim of the week. I frankly am insulted by that, and I resent that remark.

Just let me comment for a few minutes on my special concern here. If you are elderly, Mr. Speaker, the fix is in. There is no question about that. There's one single word that I can use to describe how the elderly speak to me about health care in this province, only one word, and that's fear. They are afraid. They are frightened to death, if you'll pardon the mixed metaphor. They are afraid. They are afraid that health care will not be available to them when they need it, and they're afraid because the evidence is telling them to be afraid. The evidence is all around them. For the frail elderly or the ill elderly add helplessness and hopelessness to fear, and you know what we've got.

Mr. Speaker, I've been working with a group in Edmonton that are working on elder abuse. These are professional people. They don't wallow in what they're seeing, but they tell a long story about what is happening to the elderly, many of them in our institutions, and it needs to be corrected.

Mr. Speaker, I've got a couple of questions. What does accessible mean in Alberta? Well, the Member for Bow Valley says that it means you can have access if you've got the money. That's what accessible means in Alberta. [interjections] That's what it means in Alberta. What does comprehensive mean in Alberta? Let me give you an example that came to me . . . [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Hon. members, certainly it's an interesting Bill, Bill 201, and I know that many of you would like to get into the debate on it. I would hope that you would let the hon. member continue her speech and therefore afford us more time so that you may join in the debate when it's your turn. In the meantime, could we give her the courtesy of the House.

Debate Continued

MRS. HEWES: Here's an example from my office last week. An elderly gentleman, married and living at home with his wife, has become a behaviour problem.

MRS. McCLELLAN: I'm not laughing.

MRS. HEWES: Thanks, Madam Minister.

He needs and has been assessed as needing extended care, but he became very difficult one day last week, so his wife called an ambulance and sent him to one of the acute care hospitals in the city. They in due course examined him and said: "Come and take him home. We cannot admit him. He doesn't need acute care." And that is quite correct, so he is sent home, but in the meantime she has the foresight to intervene with my office because she cannot manage him at home and has no help. When we intervened, we got good support. The hospital agreed they would send somebody for 24 hours, but I would have to work with her to make sure that we could get him into extended care.

Now look at the other side of this problem. She's afraid to put him into extended care, Mr. Speaker, because she will lose his income and have to get rid of her home and independent living. That's a problem that extends to housing and extends to the Alberta seniors' benefit. It doesn't really deal with health care, but there is no one, no one who can deal with that, so it becomes a problem of the health care in that family. Now, this is not unique. If we are not prepared to develop a comprehensive system and if we are not prepared to adhere to that principle, we are failing the people of Alberta.

Mr. Speaker, what does medically necessary mean? We don't have a definition for that. Do we need one? Of course we need one.

Let me just read a few items from the Seniors Advisory Council for Alberta annual report, the most recent one, on the health care system and seniors' future direction. Council is concerned about the effects of these changes on the treatment and care. Groups such as elderly persons and disabled are particularly at risk. A number of situations have been brought to our attention about vulnerable population. These are not isolated incidents and are coming to our attention every day with increasing frequency.

It goes on. Some at risk. Older persons discharged prematurely before satisfactory care arrangements were made. Older adults from rural areas discharged after short stays from urban without adequate information or ongoing programs. A major seniors organization, of instances in general hospitals and long-term care centres of insensitivity and has resulted in failure to respond appropriately to situations of abuse, in situations where the care was not adequate. Geriatric services at the Edmonton General providing diagnostic slowly limited. This program under the direction, serves all of northern Alberta. Absolutely essential if we are to have adequate and appropriate geriatric services.

Major downsizing of professional staff in the acute, long term care and community care sectors is occurring. The impact of this reduction of professional staff is of concern. The remaining staff may not be sufficiently trained or experienced to provide appropriate care.

It goes on to say that "bumping . . . has created major problems for providing safe and effective care."

In one home care program a professional health care service is being carried out by an unskilled worker . . . clearly not capable of performing this skilled task.

Finally, in some instances the home care program has resulted in assistance being denied to older people who need support services but who are not at immediate risk of institutionalization. Without [these], their independent community living is jeopardized.

That's the report from the government's own council.

Mr. Speaker, I also want to refer to this book from the Canadian Bar Association task force. Excellent report. I commend it to all members of the Legislature. It's very good reading. It describes the Canada Health Act and goes into the principles in some detail, and I think we should all have that in our libraries.

Mr. Speaker, chaos indeed exists. Finally we have a council that will look at problems that arise, not quite sure what their mandate or jurisdiction is. Thank goodness we are finally into damage control. In the meantime the problems continue.

Mr. Speaker, I hope that members will realize the importance of these principles. This is simply one step we're asking for that we believe is part of many steps that are needed to ensure that Alberta's health care system in fact conforms to the needs of people and does not deteriorate further.

THE DEPUTY SPEAKER: The hon. Member for Lethbridge-West.

MR. DUNFORD: Thank you, Mr. Speaker. I was worried as my time drew closer and closer to speak that I might have to rise and be another medical wanna-be, just as some previous speakers ahead of me. I was glad to hear the Member for Bow Valley speak, because I think that was as concise and as comprehensive a speech on this particular topic as we've heard in this Assembly for quite a while and certainly has led the pack this afternoon.

5:00

The thing, though, that I find interesting is how all of the speakers today continue to want to waltz around the issue. Why don't we spend a couple of minutes here, and why don't we just talk politics? Why don't we just talk about what the real reason is behind Bill 201 coming forward like this? I've never been in an opposition caucus, so I don't know what goes on in those particular places, but I could just imagine someone saying: "Now, look; let's see. We agree with the Conservatives' agenda, but how could we possibly look like we disagree with it?" I imagine, then, that some suggestions would be made.

Point of Order Imputing Motives

MR. SAPERS: A point of order, Mr. Speaker.

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

MR. SAPERS: Yes, Mr. Speaker. Standing Order 23(i), imputing motives. I want to make it perfectly clear that this member of the Official Opposition does not agree with the Conservative agenda, not now and not ever.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora makes an interesting point. The Chair was looking at it, but when looking at 23(i), "imputes false or unavowed motives to another member," it has been generally interpreted as when you get to specific members. In a sense, we were led to believe that the hon. Member for Lethbridge-West was carrying on an imaginative kind of exercise. As long as he doesn't stray to imagining specific individuals doing something - I guess that may then in itself bring up the question of relevance. Anyway, I wonder if the hon. member might address himself to the issues at hand.

Point of Order Speaking Time

MR. MITCHELL: A point of order, Mr. Speaker. I'm entitled to five minutes to close the debate under the new rules, and I think that my five minutes are about to start.

THE DEPUTY SPEAKER: Okay. The hon. member is not rising on a point of order on the point of order but on a separate point of order, and all hon. members should be aware that when a point of order occurs, so that this doesn't become a means of taking away the time of hon. members for speaking, it is not counted. So we are now up to 5:06 or 5:07 or whatever, contrary to what I wrote to you earlier in terms of the time. The clock, even as I speak now, is theoretically stopped, even for the hon. Member for Lethbridge-West. So if he would continue.

Debate Continued

MR. DUNFORD: Thank you. I was beginning to wonder what side you were on here. [interjections] Can I correct that? I want to apologize. I apologize, Mr. Speaker, for that, for any inference on the way that you handle this House. I realize now that I'm probably still wasting, you know, whatever minutes I have left. I want the record to show that I have apologized to you.

Now, I'm not going to apologize over here, however. I believe that Bill 201 is political buffoonery in the sense that you might want to bring in a Bill like: why is there air? You know, the government must see that people are given air to breathe or whatever. The point I want to make is that as a resident of Alberta and as a Member of this Legislative Assembly there's no one in this House that's been under medicare, if I can call it that, longer than I have. I was raised in the Swift Current health region, lived in it all of my life, and there is no way that I'm going to be part of any government that is going to turn its back on the Canada Health Act. There's no way that I'm going to see a regional health authority that I'm involved in as a citizen and as an MLA representing my constituents work against and destroy the Canada Health Act.

THE DEPUTY SPEAKER: The hon. Leader of the Opposition rising to close debate.

MR. MITCHELL: Thank you, Mr. Speaker. I presented this Bill out of a fear that I had and still have that this government truly isn't committed to the principles enshrined in the Canada Health Act. There is not one feature of the debate from across the way this afternoon that has done anything to allay that fear. In fact, it has done much to enhance and to exacerbate that fear. I see a government in fact that is speaking out of both sides of its mouth. On the one hand, it says that it supports these principles. The member from Swift Current just stood up and in an impassioned way said that he would never see the Canada Health Act eroded, but they are not prepared to put their votes where their mouths are, before the people of this province, and vote for the principles that are enshrined in this Bill.

I was very, very impressed, Mr. Speaker, by the campaign speech from the Member for Bow Valley, campaigning as he is to become the new Minister of Health. Gosh only knows we need one, one who would stand up, however, and defend the principles of the Canada Health Act. This particular aspirant for that particular job stood up and had to search back 32 years, before medicare was operative, to find the principle upon which he could defend his position, and that principle of course among other things . . .

Point of Order Imputing Motives

DR. OBERG: A point of order.

THE DEPUTY SPEAKER: The hon. Member for Bow Valley is rising on a point of order. Would you share the citation?

DR. OBERG: Yes, I am, Mr. Speaker. I'm rising on 23(i), imputing motives. I think that the member opposite is clearly imputing motives that are not there, and I would ask him to retract those statements.

THE DEPUTY SPEAKER: Hon. Leader of the Opposition, do you wish to speak to the point of order?

MR. N. TAYLOR: I want to speak on the point of order. The hon. Member for Bow Valley's grammar or his English – a motive is a reason to do something. He might have imputed where you're going, but he didn't impute what your reason was.

THE DEPUTY SPEAKER: Well, the hon. Member for Bow Valley has raised a point of order based on Standing Order 23(i). The Chair would have to refer to the Blues. The Chair did not hear an imputing of unavowed motives. However interesting the hon. Member for Redwater was, I think we'll have to refer to the Blues in order to go any further.

I'll ask the hon. Leader of the Opposition to continue his closure.

MR. MITCHELL: Mr. Speaker, I will make this offer: I will withdraw any suggestion that I impugned the member's motives, but I will reserve the right to say "I told you so" when he's appointed Minister of Health.

Debate Continued

MR. MITCHELL: He had to go back 32 years, Mr. Speaker, to find a quote, to find a statement that somehow justified what it is that he wanted to say. What is very revealing is that in the early part of that quote, it refers to the endorsing of the free enterprise system and its application to health care, which is why we've had the system that we have had to that point. It's very, very interesting that he would choose that quote, and again it underlines our concern that he and his caucus colleagues are not committed in fact in their hearts, with all their energy to the principles of the Canada Health Act.

This is the only provincial government in this country which has failed to commit to working with the federal government to ensure that private clinics do not compromise the principles of the Canada Health Act. This is a government that is led by a Premier who at best responded vaguely to the federal ultimatum about private clinics by saying that Alberta may take the federal government to court. This is a government with a caucus member from Calgary-Cross who cannot understand that of course health care workers are telling her that everything they do in their daily work reflects these five principles, because the health care workers in this province are not the problem. They do support it. The question she should be asking is: if they do support those principles and evidence their support of those principles every day in what they do, why can't she vote here in this Legislature to support their beliefs?

5:10

Mr. Speaker, I am asking this government to vote for this Bill, every last one of those members to stand in their place and declare their support with their vote. I hope that that request does not fall upon deaf ears.

THE DEPUTY SPEAKER: All those in favour of second reading of Bill 201, Regional Health Authorities Amendment Act, 1995, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no.

SOME HON. MEMBERS: No.

THE DEPUTY SPEAKER: Defeated.

[Several members rose calling for a division. The division bell was rung at 5:11 p.m.]

[Ten minutes having elapsed, the Assembly divided]

For the motion:

Abdurahman	Kirkland	Sapers
Beniuk	Leibovici	Sekulic
Bracko	Massey	Taylor, N.
Carlson	Mitchell	Van Binsbergen
Collingwood	Nicol	Wickman
Henry	Percy	Zwozdesky
Hewes		

Against the motion:

Ady	Friedel	Magnus
Amery	Fritz	Mar
Black	Gordon	McClellan
Brassard	Haley	McFarland
Burgener	Havelock	Mirosh
Calahasen	Herard	Oberg
Cardinal	Hierath	Pham
Coutts	Hlady	Renner
Day	Jacques	Rostad
Dinning	Jonson	Severtson
Doerksen	Kowalski	Stelmach
Dunford	Laing	Taylor, L.
Evans	Langevin	Thurber
Fischer	Lund	Yankowsky

Totals:	For - 19	Against - 42
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[Motion lost]

MR. EVANS: I would now move that we call it 5:30.

[Motion carried]

THE DEPUTY SPEAKER: The House stands adjourned until – no, it doesn't.

MR. EVANS: We'll make another motion.

THE DEPUTY SPEAKER: If it's 5:30, it's adjourned until the next day; is that not so, hon. member?

MR. EVANS: I think tomorrow would be fine, yes.

THE DEPUTY SPEAKER: If the Assembly has said that it's 5:30, is the House not adjourned?

The hon. Deputy Government House Leader has another point.

MR. EVANS: Just for clarification, Mr. Speaker, I would mention to all members and perhaps make a motion that we not sit this evening and that the House stand adjourned until tomorrow afternoon at 1:30 o'clock.

[At 5:25 p.m. the Assembly adjourned to Thursday at 1:30 p.m.]

