

Legislative Assembly of Alberta

Title: **Wednesday, March 22, 1995**

8:00 p.m.

Date: 95/03/22

[The Deputy Speaker in the Chair]

THE DEPUTY SPEAKER: Please be seated.

head: Government Motions
Information and Privacy Commissioner

19. Moved by Mr. Evans on behalf of Mr. Hierath:
 Be it resolved that the report of the Select Special Information and Privacy Commissioner Search Committee, appointed by this Assembly on November 9, 1994, be now received and concurred in.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Mill Woods.

DR. MASSEY: Thank you, Mr. Speaker. Having been part of the Select Special Information and Privacy Commissioner Search Committee, I thought I would like to make a few comments on that motion and on this committee. This committee has worked long and worked hard. A number of the members are permanent members of the Legislative Offices Committee. We have enjoyed, I think, a very happy relationship in terms of being able to make decisions.

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Hon. members, I know it's soon after the supper hour, and many people are used to being in committee stage, which is more informal than the Assembly, but just a reminder that this is in fact the Assembly. Conversations that drown out the speaker are even less acceptable in Assembly than they are in committee. So if you would bear with us, we'd invite the hon. Member for Edmonton-Mill Woods to continue.

Debate Continued

DR. MASSEY: Thank you again, Mr. Speaker. As I was indicating, I think it's been a very happy committee. I think that we've profited by our work together. In the past, subcommittees of the Legislative Offices Committee have worked to appoint an Auditor General. We've worked to appoint a new Chief Electoral Officer. We've done that in a spirit really of what is best for the province, and that spirit has really pervaded our deliberations. That spirit I think prevailed until we came to the appointment of the freedom of information officer, and, unfortunately, it was at that point that divisions along party lines came into place. I think we have to, as this motion is being considered, look at some of the reasons for those divisions.

Part of the problem was our objection not to the Ethics Commissioner as such, because I think that to a person everyone on the committee has great admiration for the Ethics Commissioner. He has universal acceptance. We admire his work, and his qualifications and his capabilities have nothing to do with the decision that we made not to support the recommendation that came forward from the committee. We have great faith in that commissioner. We did object to the action of the committee going against other advice that had been given to the Legislature, advice that had been given in terms of appointment of an Informa-

tion and Privacy Commissioner, advice and wisdom that we had gathered from other jurisdictions which indicated that should be a full-time position, that that should be a position that was devoted fully to freedom of information and privacy affairs, and that it wasn't appropriate for it to be a shared position. So that in part was part of our objections. We were worried about possible conflicts between the Ethics Commissioner and the Privacy Commissioner, and I think we pointed out in committee deliberations that there were some possible conflicts.

We were also of the opinion that no appointment, no matter how qualified a candidate may seem, for a position as important as this should be made without a proper search, which includes the advertising of the position nationally and having that position fully vetted through a committee that would look at all the possible candidates and then make their selection. So there were at least two important reasons why members on this side of the House found it difficult to concur with the recommendations from the committee. I think that in terms of the comparison of that office in other provinces, we were warranted in raising our objections. So this evening, Mr. Speaker, I would like to register our reservations and our objections to the report and the difficulty that we have in concurring with it.

Thank you very much.

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

MR. SAPERS: Yes. Thank you, Mr. Speaker. I'd like to address this motion as well, particularly when I look back on my experience as a member of the all-party committee which studied what was then the draft freedom of information Bill. I had an opportunity to talk with Albertans throughout the province, and as a result of that, to work closely with colleagues on both sides of the House to draft what was a unanimous report to the government for the drafting of a freedom of information and privacy Act. On page 13 of that unanimous all-party report, which was of course chaired by a Conservative member and dominated in fact numerically by Conservative members, is the section on the powers of the commissioner. Noted under that subtitle, Powers of the Commissioner, is the unanimous recommendation that "the Office of the Commissioner should be separate and not combined with other offices."

Now, this is a very simple, straightforward, hard to misunderstand recommendation, yet this recommendation has been ignored now by the recommendation coming from the committee suggesting that we do combine the offices. In order to get around this recommendation, we are faced with having to make nine separate amendments to the freedom of information and privacy Act, and that's before the Act is even fully proclaimed, Mr. Speaker. I mean, what kind of faith can Albertans have in this government's commitment to freedom of information when, first of all, they don't fully proclaim the Bill before they amend it, and the only reason they amend it is to act against a unanimous recommendation of the all-party committee?

It seems to me that if this government had a serious commitment to freedom of information and if they had a nonpartisan commitment to freedom of information, they would fully implement that unanimous report, they would withdraw these amendments, they would withdraw the suggestion to combine the offices, and they would not treat truth and openness as a part-time job. Freedom of information and protection of privacy is a full-time pursuit. It requires the full-time attention of a professional and

capable individual, and anything short of that would be doing a disservice to all of the Albertans who have contributed to the debate so far on freedom of information and in fact a disservice to every taxpayer who requests information.

Mr. Speaker, let me say that this is not about . . .

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Really, hon. members, this is Assembly, not committee. Talking at some distance from one another is really not in order, particularly when it's difficult to hear the speaker.

We'd ask Edmonton-Glenora to continue on, hopefully without interruption.

8:10 Debate Continued

MR. SAPERS: Thank you, Mr. Speaker. This is an issue that does require everybody's full attention. I think that this is one of the most fundamental issues. After all, it was the Premier of the province who introduced the original Bill as Bill 1. This was the flagship Bill for this government. This was what the new open and accountable Premier with a government under new management was going to hang their hat on. I would hope that it would require the attention of his members as we debate this very, very important motion.

Mr. Speaker, the model legislation for this country in this regard can be found perhaps in British Columbia. Others would say in Ontario. Some even turn to the federal jurisdiction and look at their legislation. In every one of those instances the Privacy Commissioner, the Information Commissioner is a full-time person. Now, there is also a jurisdiction in this country where the offices are combined, and that's Saskatchewan. This is in a minority position. I don't think that we have much to learn from this experience, and in fact I can tell you from personal conversations I've had with people responsible for the implementation of the legislation in Saskatchewan, that they consider it to be a major limitation on the ability of residents of that province to properly utilize the provisions of the Act because there is only a part-time commissioner on site.

I can only hope that this motion will not pass, and I hope that when this motion fails, it will not reflect negatively in any way on the individual who has been recommended to be given the job, because this in no way reflects negatively on the current Ethics Commissioner for our province. In fact, I think that it would be unfair to that individual if we were to force him to do really a full-time job on only some sort of part-time compensation. The Information and Privacy Commissioner needs to be full-time. Because of that and only because of that I am going to vote against this motion, and I would urge all members to do the same.

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

MR. BRUSEKER: Thank you, Mr. Speaker. I'd like to just make a few comments on this motion we have before us this evening as well. I, too, had the opportunity to serve on the Select Special Information and Privacy Commissioner Search Committee. That's quite a long title; it's a little hard to get it rolling off the tongue.

First of all, I'd like to begin by commending the other members that were on the committee. I think that all of the members worked hard and were quite diligent in going through the quite large volume of paper that we had to review in making the

decision. However, although *Hansard* does record our committee meetings, I want to reiterate here today that indeed the report we have before us was not unanimously accepted by the membership of that committee. The membership, by the way, is shown on page 2 of the report. The report was not unanimously accepted in terms of the procedure.

Now, the Member for Edmonton-Glenora talked about process a little bit. I'm pleased to see that there is a change from what we had as a draft report to the final report. It now talks about the recommended candidate instead of the successful candidate. Well, it certainly would be difficult to have a successful candidate, Mr. Speaker, when in fact the legislation as it currently stands does not allow this individual to serve because of the way the Conflicts of Interest Act and the Freedom of Information and Protection of Privacy Act have been written. So in fact what the report contains is a suggestion or recommendation, I guess, that indeed those relevant pieces of legislation need to be amended. In fact, now the minister of public works has introduced such legislation in order to facilitate the task before us to appoint Mr. Clark. Again, I want to echo the sentiments given by the Member for Edmonton-Glenora. My comments, I want to make clear, in no way reflect upon the character of the individual that has been recommended, rather my concern for the process that has been followed in selecting this individual.

Mr. Speaker, I have no doubt that whenever we get through this series of amendments that are mentioned in the report to the Conflicts of Interest Act and to the Freedom of Information and Protection of Privacy Act and the duties are indeed handed over to Mr. Clark, if that certainly becomes the will of the Assembly and the direction which is followed, I have no doubt that indeed he will do a more than adequate job in the position, given the constraints under which he's asked to operate. The concern I have is that in comparing what we are doing here in the province of Alberta, there was only one other jurisdiction that will be having an individual who is a part-time Privacy and Information Commissioner. In fact, when you look at Saskatchewan . . .

AN HON. MEMBER: They also balanced their budget.

MR. BRUSEKER: Who balanced the budget; yes, that's right. Indeed, they have a part-time individual, but the interesting thing is that when you look at how those individuals are selected, for the most part, the individual was appointed by a fully advertised, open competition. The government's argument is: "Well, we don't need to do that. We found the right individual in our own backyard, and there's nobody possibly better." That may well be the case, but without having such a competition, there's really no way to confirm that one way or another.

So I guess we are left with the option of simply taking the government's word for it. Well, after six years in this Legislature, as you and I celebrated our anniversary together on Monday, I must admit that I have become rather skeptical of taking the government's word for something simply on the basis of: this is the best choice. From a philosophical standpoint, I would prefer to see these kinds of government appointments, whether it be a deputy minister we're talking about or an assistant deputy minister or any other government position, including this one, filled by an open competition.

Mr. Speaker, the members of this particular committee – there was a subcommittee struck – also had the task assigned to them of searching for a new Auditor General. The process we followed in that particular appointment, by contrast, was significantly

different. We advertised right across the province, north to south. I forget the number of newspapers, to be honest, but I recall in all honesty that the bill for advertising to fill that position was quite significant. We got a number of applicants, and ultimately we then even went to the point where we got some people in from Peat Marwick to do some investigations themselves, looking for suitable candidates. So an exhaustive process was followed. We ultimately have, in the case of the Auditor General, Mr. Peter Valentine recently sworn in, accepted, as far as I can see, by members from both sides of the House in an open competition process.

This process is going to be a little bit different, and I'm not quite sure why indeed that is the case. I certainly can understand the government's support for the individual, Mr. Clark. He has done a fine job thus far as Ethics Commissioner. His name has been suggested perhaps as being on the electoral boundaries committee review process. We're now seeing his name being put forward for the Information and Privacy Commissioner. I would suggest, Mr. Speaker, that if all these responsibilities fall into his lap, he is going to be a very busy individual indeed, and I'm not sure that all those responsibilities given to one man are the right thing to do.

In fact, when we look at other jurisdictions such as British Columbia, they have an individual who is full-time, fully advertised, fills the position with a staff complement that is larger than is being recommended in this particular report. Again when you look across the provinces – Saskatchewan I've already mentioned. Ontario has an assistant, a director, and senior counsel and regional solicitor, so a variety of supporters. From what I understand from this report, Mr. Speaker, indeed we'll see one individual helping the recommended candidate, as the report says, Mr. Clark, on a part-time basis.

I don't want to prolong the debate. I want to register my concerns about the process, Mr. Speaker. I think I've done that. As I said, I want to end my comments by saying that I have no qualms about the individual; my concern is with the process that has been followed. I think the process could have been improved, and I certainly would hope that in future appointments of this nature, the process follows an open competition.

Thank you, sir.

8:20

THE DEPUTY SPEAKER: The hon. Member for Red Deer-South.

MR. DOERKSEN: Thank you, Mr. Speaker. I just want to use a few minutes this evening to discuss some of the things that have come up in this Report of the Select Special Information and Privacy Commissioner Search Committee. I'd like to agree with the Member for Edmonton-Mill Woods that indeed it has been an honour and a privilege to work on an all-party committee that has worked very well in the selection of a number of officers that report to the Leg. Offices Committee. It certainly has worked very well. As with any committee, there are times when you are bound to have some disagreements in terms of the process, and I think this probably was one of these instances.

Without getting into the whole debate of how we came about voting on these motions, which is already recorded in *Hansard*, I think it's important to note that the decision was made on two separate issues. The first issue had to do with whether we would recommend to the Assembly amending the Conflicts of Interest Act so that the Ethics Commissioner along with any one of the other officers that report to the Leg. Offices Committee could

have the opportunity, if we so chose, to be a part-time Privacy Commissioner. So the first motion really dealt with that issue, and it opened the door for the recommendation to go forward that the Ethics Commissioner, along with the Ombudsman, along with the other officers would all be eligible. On that there was a split vote.

The second motion dealt with, then, moving to the selection of the candidate that we would nominate to this House. I want to be clear in this Assembly tonight that, as the hon. member just mentioned a few minutes ago, Mr. Clark certainly fills the bill and comes highly recommended and can certainly fulfill the position because of his qualifications. When that motion came up for a vote, there was support voted from both parties for Mr. Clark. It wasn't a unanimous vote, but there was support from both sides. I think that needs to be clear. That's not recorded in *Hansard* because it was not a standing vote, but there was certainly support from both sides for Mr. Clark to be appointed.

I'm just going back to my earlier comment, because I think it's important to note that we didn't select Mr. Clark because he was the Ethics Commissioner. That wasn't the point. We selected Mr. Clark because of his qualifications, and if he had been the Ombudsman or somebody else, he would have still come with the same recommendation.

So I just wanted to make those comments tonight. Certainly I heartily endorse this report. I think it's accurate. Again it's been my privilege to serve on that committee and make that recommendation to this Assembly.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Manning.

MR. SEKULIC: Yes. Thank you, Mr. Speaker. I wanted to enter debate for a moment and speak against this motion. I just want to make a few points. I have the highest regard for the Ethics Commissioner. Having met and discussed various issues with him on a number of occasions, I do have the highest regard.

I just want to go back and refer to the document the Report of the Select Special Information and Privacy Commissioner Search Committee. On page 4, recommended candidate, it reads that

Robert C. Clark was sworn in as Alberta's first Ethics Commissioner on April 1, 1992. His appointment as Ethics Commissioner followed an open competition to fill the position, and he was chosen unanimously by the Legislature's all-party Standing Committee on Legislative Offices.

You know, I think that speaks very well for Mr. Clark, and I'm sure that if he were to go through another competition, likely he would be the candidate that would be chosen once again.

I'm a little concerned that in an environment where we speak so often of accountability – I think there's something to be said for consistency in the way we do business. This is a perfect opportunity to once again follow the process, one of open competition, an open process. That's the first point I want to make.

The second point, I think, is that this is a very large job. This is a new job, just as the Ethics Commissioner's role back in April of 1992 was a new role in this province. Likewise the Privacy Commissioner is a new role in this province, and I don't think you start something like this on a part-time basis. I imagine that for the first number of years particularly this will be a role which requires far beyond full-time work. For that reason, I would say that it cannot be a shared position or a part-time position but must in fact be a full-time position.

The other thing is that whoever enters this role, I think their focus has to be primarily on that role and only the one role. I don't believe, given the paramountcy of this role, that there is any

way any individual sharing other roles could carry it out fully to the degree that is required.

So just as a member of the Premier's original freedom of information panel and one of the members who came to unanimous agreement on the recommendations, I think it's important that we do respect that initial set of recommendations on freedom of information and that we vote against this motion.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Fort McMurray.

MR. GERMAIN: Thank you very much, Mr. Speaker. The Ethics Commissioner is a man of tremendous integrity. He is a man who was shown recently in dealing with sensitive issues of this Legislative Assembly to be a man of great courage. He has also handled all of his other duties with, I believe, forthright ability and has exhibited a tremendous amount of competence. Yet I must today question the Legislative Assembly on this particular motion at this time.

I'm concerned about two issues. The first issue I raise with great respect to the Ethics Commissioner. The members of this Assembly will remember that the Ethics Commissioner was an elected Member of the Legislative Assembly for many years at a time when pensions were payable to Members of the Legislative Assembly. He has rightly earned his pension and I'm sure is entitled to everything that he has received. However, in this day and age of public scrutiny of all public officials and people who take money and jobs from the government, I wonder whether the select committee has inquired as to whether the Ethics Commissioner, if he is appointed in this job, will forgo some or all of the pension, if indeed he is receiving a pension. I am concerned that this gentleman not be put in the embarrassing and awkward position where he is later alleged to be a double-dipper, as some people have used that phrase with a certain amount of scorn in various sectors of society. So before I could vote on this motion, I would want to know something more about his status in that regard.

The other issue, it seems to me, on this motion is that we have the cart before the horse. We're going to debate Bill 19, a Bill of the Minister of Public Works, Supply and Services, which will alter the job description to a certain extent by changing the definition of what is accessible to the public and what isn't. It is also going to alter whether somebody like the Ethics Commissioner can take a job like this. It seems to me that the legislative framework should be in place before we vote on whether to concur in the recommendation to hire this individual.

So as a result and because of that in this motion, I would move that we adjourn debate on this motion now without coming to a resolution and without putting it to a vote. That's my motion.

THE DEPUTY SPEAKER: The hon. Member for Fort McMurray has moved that we adjourn debate on Motion 19. All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

THE DEPUTY SPEAKER: The adjournment motion is defeated, and we now are obliged to continue until a determination is made.

Hon. Government House Leader, if you're rising to speak, then you close debate.

MR. EVANS: That would be fine too.

THE DEPUTY SPEAKER: Seeing no others rising to the occasion, the hon. Deputy Government House Leader.

8:30

MR. EVANS: We've had a good discussion here tonight, and I appreciate what the members opposite have indicated as their concerns with the position that is being debated tonight. Certainly I also hear very clearly their understanding of and I think credit to the individual who is now serving as our Ethics Commissioner.

The hon. Member for Fort McMurray has indicated some concern about pension. I can't say for certain, hon. member, that that has been dealt with or will be dealt with, but I know very well that the Ethics Commissioner is well aware of the constraints with respect to pension and full-time positions. I would be very, very surprised if the Ethics Commissioner had not considered that matter in advance of this motion coming before the House tonight. Of course, he could make no comment whatsoever, regardless of whether he considered it or not, because it would be premature to do so, but I have no doubt whatsoever that he's abundantly well aware of the constraints that are before all members of this Assembly who have served in the past and who are in receipt of a pension. Luckily it does not affect me and, hon. member, does not affect you and does not affect anyone in this House who was elected after 1989. But I hope, hon. member, that gives you some consolation or some solace in your concerns.

At this point, Mr. Speaker, I would call for the question on Motion 19.

[Motion carried]

head: Committee of Supply

[Mr. Tannas in the Chair]

THE CHAIRMAN: I'd call the committee to order. Committee of Supply is reminded that we'll try and stick by the rule of only one person standing and speaking at the same time.

Hon. minister, you've not been called because we had for a while seven people standing. We seem to be down to only three or four now.

If the committee is quite ready to begin – we're waiting till all hon. members are seated so that we may begin. We only wanted to have the one minister standing at a time.

head: Main Estimates 1995-96

Health

THE CHAIRMAN: To begin this evening we'll ask the hon. Minister of Health to make comments before asking other members to address the estimates. Hon. minister.

MRS. McCLELLAN: Thank you, Mr. Chairman. I will keep my comments very brief because I know there are a number of members who wish to ask questions or make comments regarding the Health ministry estimates. I will give the commitment again that it would not be my intention to respond to each individual speaker. However, if one particular speaker raises a number of

questions whereupon some brief answers might be helpful to the balance of the speakers, I would perhaps stand at that time.

Mr. Chairman, again I give my commitment to the members of the Assembly that if we cannot cover all of the answers in the Assembly or if there is a requirement for a more full explanation, I will endeavour to get that to the members as quickly as I can. I apologize that some of the answers that members received were only today. We thought we had an extra day. Unfortunately, we had a little spelling problem with one of my colleagues' names, and I apologize for that, hon. member. We did correct that.

I thank the hon. members for the comments they have made on our estimates thus far. I felt that in the main part they were most constructive and intended to be helpful, and I look forward to the comments tonight. Thank you.

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

MR. SAPERS: Thank you and thanks again to the minister. I appreciate the effort to respond to those questions between our discussions in committee, and I'm sure there'll be more correspondence coming. I still have a file box of material to go through for this weekend.

AN HON. MEMBER: How many boxes?

MR. SAPERS: Well, only one was for me.

I wanted to make some comments at the beginning again about the suggestion that it's the overspending in Health that has created a huge financial problem. I say that while at the same time I am mindful that there are efficiencies to be found throughout the health care system. Of course, we can always find ways to cut costs and maintain quality of care; in fact, perhaps even enhance it. So I am not dismissing for a moment that there isn't something to be trimmed out of the health care budget in this province, but I do think it's been oversold as the cause, Mr. Chairman, of the financial situation the province finds itself in.

Particularly I'll remind the Assembly once again of the Premier, when he comments that the growth has been 220 percent and isn't that terrible. Of course, the Premier doesn't talk about infant mortality rates dropping in that same period of time. The Premier doesn't talk about the number of years of productive work for the average adult in Alberta having increased in that period of time. The Premier forgets to mention that the average length of life has increased. The Premier forgets to talk about postsurgical mortality rates and the fact that we see people recovering more fully as a trend. As a matter of fact, there's been about a 17 percent increase overall in mortality, and I think that's very significant. I would also like to point out that we're only about a percentage or two of GDP over and above what the original fathers of medicare thought it would be at this point in our history. So the spending is certainly not out of control when you look at it in those regards.

I'll also say that in 1991-92, while the Alberta government was spending about the same amount per capita as all other provinces on education, health, and similar services, it was spending 227 percent more per capita than Manitoba, 300 percent more per capita than British Columbia, and 560 percent more per capita than Ontario on what Statistics Canada terms "industrial development."

[Mr. Clegg in the Chair]

As a matter of fact, in 1991-92 Alberta spent a total of over \$2.1 billion on this industrial development, yet it was

overexpenditure, supposedly, on health or education or social services that had been blamed by the government, and they have taken the brunt of the cuts. Statistics Canada figures show that expenditures jumped from \$776 million in 1979 to almost \$2.8 billion in 1982-83. From 1979 to 1992 the Progressive Conservatives, who of course ran this province, spent almost \$28 billion on this area, an astonishing one-third of all such expenditures on industrial development by all provinces throughout the country. So I hope that the next time the Premier speaks of the growth in health care spending, he'll put it into context, because I know he wouldn't want to distort that.

8:40

Now, I have a question about the number of committees and task forces and working groups - I don't know what else they're called these days - that the Minister of Health has either struck or has caused to be struck through the restructuring process. It is very difficult to keep up with all the committees. It's very difficult to put them in any kind of an organizational framework. So I would ask the minister to please provide myself and other members of the Assembly with a list of all of the committees, all the task groups, all the working groups, their time lines . . .

MRS. McCLELLAN: A lot of them were in that file box.

MR. SAPERS: Okay. I may find some of them over this weekend's reading; I may not.

In any case, it would be nice if we had in one place all of the working groups, their time lines, their reporting requirements, the method of their appointment, whether they're ad hoc or not, the costs associated with them. Will there be ongoing costs? Do they get paid per diems? Who's responsible for their expenses? The membership on them, whether it rotates, whether it's been jointly put forward by stakeholders or unions or what have you.

Also, after we see all of that, it would be very helpful, very helpful, if the minister could give us some indication of the framework or the matrix that the minister will be using when it comes to the inevitable competing recommendations that we're going to see. Not all of the work groups are working in totally isolated areas. Some of them have some overlapping responsibilities. I know that the minister is going to be faced with that challenge, and it would be helpful to know how those issues will be resolved.

One of the committees that I'm most particularly concerned about, Mr. Chairman, is the committee that's looking at funding models. I hope the minister won't take this personally when I say that I can't imagine doing anything more backwards than establishing a committee to look at developing equitable funding models, not only after you've regionalized but after the government has quite arbitrarily taken over 50 percent of the funding out of what will become the regions, before the regions ever get to manage them, and then going to the regions and to others and giving them the task of developing a funding model. It seems to me that this is the very first thing you would have done. You would have developed an equitable funding model for the distribution of resources for the provision of needed health care services, not do it after the fact.

What really concerns me about this rather backwards way of approaching equitable funding is the time line this committee's been given. This committee has until May 31 to report, and I understand they are only just now corresponding with stakeholder groups to get input on what they think may be appropriate funding models. Not only are they only now beginning that correspon-

dence and that discussion and they only have a very few short weeks until the end of May to resolve all of the issues; even more distressing is that they've only given these stakeholders, as I understand it, about 10 days to provide input. That's clearly not adequate. So I would hope the minister will take a minute or two to comment on that or perhaps correspond with me about that issue.

Now, another issue, while I'm at risk of recovering some old ground, is this issue of physiotherapy funding and particularly physiotherapy funding provided in community clinics. Now, we've all heard of the community rehabilitation clinics, and I know the minister has informed the House about the various services that'll be provided, whether they be speech therapy or audiology or occupational therapy or whatever. The fact remains that the minister has imposed an overall cap on the amount of money that will be available to physiotherapists. Something shy of \$30 million is going to be allocated to be spent on physiotherapy. There is a fiscal limit on those physical therapy services, yet the minister and I are having this debate about whether a cap still exists on physiotherapy services. While it's true the individual cap of \$250 has been removed, the overall cap or in fact the envelope, if you want to look at it that way, is still there. That funding level has been pegged to last year's funding. So in fact the amount of money that can be spent on community-based, community rehabilitation physiotherapy in this province is pegged to what was spent last year.

What I'm very concerned about, what physiotherapists are very concerned about, and what patients of physiotherapy are very concerned about is that they're going to get into a lineup. They're going to get into a lineup several different ways. In fact, they're going to be faced with several queues. The first queue will be making sure they go to a physiotherapy clinic that's been funded by the regional health authority. The second queue is going to be making sure that that clinic received adequate funding to meet all of the patient demand that will come to it. The third queue will be determining that individual patient's need for physiotherapy, relative to all of the other patients that have gotten past those first two queues. Then finally, Mr. Chairman, the last lineup of these people is when at some point – if it turns out that next year we need more physiotherapy in the province than we did last year and we've already run out of money in that envelope, what will their choices be? I'm afraid that their choices will be: either don't receive the needed medical service or pay for it out of their own pocket. Of course, that leads us right into the two-tiered system that, quite frankly, horrifies most Albertans. They do not want their health status and their ability to receive treatment dependent on the depth of their wallets. So I would hope that we would be able to have a more complete discussion on that.

Now, Mr. Chairman, the Capital health authority here in Edmonton has recently tabled its budget, and that's been the subject of a tremendous amount of controversy. I would like to know, for example, when the Minister of Health gave those regional authorities their time lines and when the Minister of Health gave those regional authorities their budgets and when the Minister of Health gave those regional authorities the fill-in-the-blanks template for their budgeting process, did the Minister of Health insist that things like public health would receive all of the funding they need? I ask that question because when I look at the Capital health authority budget, despite the second major goal of the Department of Health that's in the business plan, which is to "increase the ability of Albertans to lead healthy and independent lives," and despite all of the strategies that speak to public health

issues that come underneath that goal, the Capital health authority has actually, unbelievably, decreased its public health budget by \$300,000. Now, why is that? Why, with all the stated commitment to wellness, has the minister allowed for this decrease in funding? Health care is about more than just acute care beds, and about the only thing that the Capital health authority got right, from their earlier business plan to their budget release, was the counting of the number of beds. Why would the Minister of Health allow that budget to go ahead without ensuring that it fully reflected the goals of her department's three-year business plan?

Now, it's not just the Capital health authority that has run afoul of the business plan, and I don't mean to really dwell on the Capital health authority, Mr. Chairman. We could talk about what's going on in Smoky Lake, and we could look at that community's particular battle to keep acute care services. We could look at the suggestion that there's been some degree of interference or some kind of outside complication that has gotten in between the residents of Smoky Lake and the health authority that controls the funding in that region. We could look at the cutback of acute care services in Elnora, and we could look at the citizens of that community who feel that they are somehow being treated as second-class citizens by their health authority and in fact by this government because they're not being heard when they talk about their need for acute care and emergency care services.

Mr. Chairman, the residents of Eckville continue to be distraught over the future of their long-term care centre. They don't know whether it's going to stay open, whether it's going to close. They don't know who's going to move, who's going to be forced to move. They ask very reasonable questions, such as: why would the government commit \$35,000 to the upgrade of the multipurpose room at the long-term care centre there, not finish it, and then threaten to close the whole facility and displace – displace – some senior citizens who have made that facility their home for a considerable number of years?

Mr. Chairman, we could go up north in Mistahia health region, and we could look at what's going on in Hythe, at the Hythe hospital. There's always been a lot of healthy competition between the communities of Hythe and Beaverlodge. Those two communities got together a couple of years ago, and they amalgamated the boards that ran those hospitals. They had one administrator, they had one board, and they've tried to run those hospitals as joint entities. They tried to mutually support the programs in both those centres, yet the people in Hythe tell me they're concerned that they're totally being dominated now by concerns outside of their town, that what's happening in Hythe right now is going to put them at a tremendous disadvantage. They ask me questions . . .

8:50

MR. PASZKOWSKI: Seven miles from Beaverlodge. Seven miles.

MR. SAPERS: I'm sure the Minister of Agriculture, Food and Rural Development will want to rise to his feet instead of talking from his backside.

In any case, Mr. Chairman, the people in Hythe ask me very important questions. For example, what's going to happen to the 1,500 day . . .

MR. PASZKOWSKI: Get the facts. I can talk more from my backside than you do standing on your feet.

MR. SAPERS: Maybe if he's quiet, he'll learn something.

What will happen to the 1,500 day surgeries that were done out of that hospital last year? What are the transportation costs for those people? What's going to happen to the families of those people? How come there is no provision for an ambulance station in Hythe? Why is it, Mr. Chairman, that that community is at risk of losing its hospital?

I see the Member for Grande Prairie-Smoky and the Member for Grande Prairie-Wapiti chuckling to themselves. Maybe they should spend a little more time in their home constituencies, go up to Hythe, talk to Olive Stickney and some others, and find out what their concerns are. They have very real concerns and they haven't been addressed in the business plan, and I'd like the Minister of Health to address them as we discuss estimates.

Mr. Chairman, there are some other concerns that I have. We see that Public Works, Supply and Services has budgeted \$69.9 million for capital upgrade projects in Health. I recently had an opportunity to ask the minister of that department what the priorities were for that nearly \$70 million, particularly because I'm aware of capital requests from just the Edmonton and Calgary health regions that far outstrip that \$70 million. I asked: what will be the priorities? How will they assess it? I'll read from *Hansard* of March 6 on page 9 of the Public Works, Supply and Services subcommittee of supply. The question that I posed was:

Let me ask the question a different way. How did you determine that \$69.9 million was enough, not enough, or too much . . . for these projects?

The response from Mr. McLellan from the minister's department was:

That number basically was our best guess. It's not a hard and fast number.

Well, that's fine, but now the Minister of Health I think has some obligation to tell us how the Minister of Health will determine those priorities. If public works is making its best guess, then more power to them for making that guess. How will we reach conclusions about which projects get the go-ahead right now, which ones are put on the next burner, and which ones are put on a burner farther back? Are we looking at upgrades? Are we looking at new construction? Are we looking at maintenance? Are we looking at extending longevity? What is it?

I heard today of the opening of the Glenrose rehabilitation hospital. I haven't had a chance to visit it yet, the new pediatric wards that they've got there. I understand that almost all of that money spent, nearly a half million dollars, was raised by the community. Is that what hospitals and health care facilities are looking at, their ability to raise funds, as opposed to turning to the tax base for the provision of needed upgrades and services? I just need to know where these hospitals stand in relation to one another and how those decisions will be made, because those decisions aren't being made by public works. They must be being made by somebody. I'd like to know how and who.

Mr. Chairman, turning to vote 1, capital investment, we see that information technology, vote 1.0.4, is going down by about 34 percent. It's a \$157,000 decrease. Now, that's very curious, because there's a \$135,000 increase in a new category called resource management services. So I'd like the minister to explain what resource management services are, what they are particularly in relationship to information technology, and is this just better budgeting or is it something new? It would be helpful to know. I ask that question because I note, when I look at vote 2 and look at line 2.1.5, that that area is down as well and down significantly. In between these two line items is where I'd expect to see new resources allocated to deal with such things as tracking prescriptions, dealing with double doctoring, dealing with tracking

overutilization, either of diagnostic services by physicians or patients perhaps improperly accessing physician services. Where is the money being set aside for the development of smart cards and smart card technology?

Mr. Chairman, what about the billing problems that every physician in this province has had to endure over the last little while? What about the huge delays, the overruns, the costs to their businesses and the cost to the government of dealing with those billing problems, those billing delays? The minister is fully aware of what those billing problems were and continue to be. I'd just like to know how we can reconcile a decrease in these two critical areas of managing information when we're facing all of these uncertainties and all of these billing problems.

Mr. Chairman, just before I pass the torch along to some others, I'd like to ask the minister if she could give us a little better indication of how the regional health authority budgets were finalized. I ask this because when you look at the breakdown in vote 3 and you look at the relative funding of each one of the regions - and let's look at the Calgary regional health authority, line 3.3.4 . . . [Mr. Sapers' speaking time expired]

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

MRS. HEWES: Thank you, Mr. Chairman. I have a few comments and questions for the minister tonight. I have long supported the need for reform in health care; that's been no secret to anyone in this House. But in spite of all the reassurance that we've had from the minister and from other members of the government, I have to say that the numbers of complaints and the numbers of concerns and, as the Premier describes them, the numbers of horror stories increase every day. I've never experienced anything like this in my work here in the Legislature, and I expect all members are finding themselves in a sea of that kind.

What I think we have here is a plan, if there is a plan, to deal with the deficit which has not really taken into consideration the depth of the human deficit that it's causing. I have always supported the notion of regionalizing the system; I think that's the move that we needed to go to. But we appear now, as a result, to be slipping into an American style of system, and I think that's the last thing Albertans want. If there's one thing we're proud of in this province, it's that people have quality care and an equity not just in access but an equity in access to quality. I fear that could be at stake, and that's the kind of result that comes to me from these many concerns and complaints. Many of them are things that we can resolve and many are not; they are simply unresolved. We're in a position of just saying, "I'm sorry; you'll have to deal with your doctor or write to the minister." I'm sure the minister hears plenty of complaints as well.

I think we're expected to be very patient here, Mr. Chairman, and frankly I'm not inclined to be patient a great deal longer. We have been instructed to "work with us" and to work with the RHA, and believe me, that's certainly part of my intention. But that's not easy to do, because I find that the Capital RHA, the one that I'm most connected to, is still puzzled and still unsure about where they are going as well. I think that's probably true of all of them.

9:00

I don't believe, when we went into this one, that we really comprehended the consequences. There are still many, many unanswered questions and increasing anxiety, both in the urban and the rural context: anxiety about job loss, to be sure, but primarily anxiety about the reduced equity of care, the reduced

quality of care, the exodus of specialists, the potential for a two-tiered American system.

Mr. Chairman, I've got a few questions in a general sense about the RHAs and then some more specific related to the three-year plan and the budget itself. Certainly I have some comments about seniors' health care.

The Member for Edmonton-Glenora has just commented about funding. This is still a puzzle to me, and it appears to me to be a puzzle to the Capital board as well. The Capital regional health authority board. Got it. To be sure, we have asked that these boards all be elected, and I hope the minister will comment on her position on that. This could happen, I would think, this fall in connection with the municipal elections. It seems to me that we need to move in that direction.

Perhaps the minister would comment on foundation moneys. I'm not sure yet how those are to be dealt with. Are foundations to continue? If they are, are they to continue related to individual institutions within the authorities? Do we allow that continuing competition? It's a little ghoulish, Madam Minister, but you get moneys depending upon who gets care or who dies in your institution. I think we have a very competitive scene at present. Is it intended that that will continue? What will happen to the moneys that have already accrued?

Another one is the capital assets. As the authorities have developed, they have acquired assets: a hospital for sale here, a hospital or an institution for sale there. But it also occurs to me that there must be a tremendous amount of equipment in these institutions that is marketable. Do they own that equipment? Do they get to sell it and keep the amounts? Does that go into a capital fund for the authority, or does it come back to the government? I'm not sure, and I don't seem to have been able to get any answers on those things.

Mr. Chairman, if I can go to the three-year plan for health care, I wonder if the minister would comment for me. On page 4 of the plan there's a section called Environmental Issues. It goes on to speak to "the pressures of a changing population," and one of the first items in that section describes the "increasing numbers and proportion of elderly." Perhaps the minister will tell me how this in fact is reflected in the budget itself.

We note with some alarm that extended care facilities across the province are closing and sending people home. Is it considered that we now have sufficient numbers of extended care beds? How are we dealing with what is always described to me by extended care staff as an increase in the level of acuity of the needs of people in extended care? If in fact this is one of the pressures that we are dealing with, does the budget accommodate that, or is that again left up to the judgment of the individual authority? The same would apply to the item that I read: "Increased need to address disabilities and chronic conditions, as people live longer." I don't see that reflected in the budget.

One that strikes me in the next section says: "stronger linkages among health and social programs to resolve health problems." I was pleased the other night, Mr. Chairman, when the minister spoke about appeals and about her intent to try to develop an appeal system that bridged some of the other departments of government that deal in human resources. I have asked the Minister of Community Development about the appeal system for seniors, and to begin with, he indicated that his appeal system would only apply to ASB. I think that's much too narrow a view. If I understood the minister correctly, this minister is considering an appeal system that would move across those lines of the ASB, the seniors who rely on supports from Family and Social Services

as well as in health care. I think that would be an infinitely better system. Of course, one would want that appeal system to include people from all social and economic strata across the province, including seniors.

The next part of that same section, Mr. Chairman, describes a "reduced scope and access to safety net historically provided through social service [programs]." Madam Minister, we all know the data, the empirical data, that tells us that poor health is connected to poverty, and I'm not sure if the minister can help me to see where in her budget the condition of poverty which, particularly for children, is increasing in our province. I would like to have seen some comments in either the plan or somehow reflected in the budget that we were going to try to address that. I think that's a problem that is exacerbated in the province and can only get worse. If in fact the numbers of children and families in poverty are increasing, then certainly the health care problems and the demand on the health care system will increase as well.

Further in the plan, Mr. Chairman, under principles and criteria the first line says that "the health system will support keeping Albertans healthy and independent . . . in their own homes." I couldn't agree more. I think that's excellent. I want to thank the minister for her response to me just this afternoon regarding home care client fees. I appreciate that, but I'd just like to ask the minister to put her mind again to what I really – and perhaps I didn't explain it carefully enough, Madam Minister.

The problem that I have here wasn't quite answered by how the home care client fees are apportioned. I'm grateful for the information, but what I'm talking about is where a person is only able to be discharged early from hospital – early – only when there is home care available. Under those circumstances it seems to me that it would be logical that home care would be considered medically necessary perhaps only for two or three days, perhaps for a week, but that's not covered in this detail that I have here. It's clear to me that people usually get better faster if they're at home in their own setting, their own circumstances, and the costs certainly would be lowered. The time of recovery could well be shorter. But it seems to me that if we're really serious talking about a hospital without walls, we've got to think about how "medically necessary" is now defined. That can well be expanded or be different than we have thought about in the past. While I appreciate the response, I'd like some comments and perhaps some thought about that.

Further in principles and criteria: "Health services will be publicly funded, subject to what society can afford." I'm not sure who determines. How do we decide? We say that we're overtaxed or we have too many taxes? Health care is costing too much? I don't know what the factors are, what is acceptable, and if that is a principle of this government, I want to know how it's defined.

9:10

Here we have item 5: ". . . will require a partial or full direct financial contribution from the consumer." Sounds like user fees. I hope that's not what we're talking about, but that's certainly what we seem to be moving towards, a two-tiered, Americanized system.

Item 6 says that "only health services having demonstrable benefit or a reasonable potential for benefit to the recipient will be publicly funded." Perhaps the minister can comment on how that's to be determined.

Again item 11 says that "local community responsibility and contribution for funding some health services . . . might be appropriate." Well, what is this? "Local community responsibil-

ity." That's really scary whether or not local communities can tax for health care, to what extent, for what kinds of services. I would surely like an explanation of that.

Mr. Chairman, in the goals in the three-year plan goal 2 under Strategies says "palliative care, including 'high tech.'" Can the minister explain to me what that means, and where is that referred to in the budget, where the budget deals with that particular strategy?

In addition, in that same section, under 2, the plan says:

- provide scheduled, periodic respite services for informal supporters caring for a person who would otherwise be a candidate for admission to a long-term care facility.

Is that one of the charges to the regional health authorities? Is it anticipated that they will provide that? Is there a requirement for them to do it? I don't know where that exists. I know some of the extended care facilities that I've been associated with have respite beds, and I appreciate that, but I think more importantly people who need respite care want to have it in their own home. They do not want to have to go into an institution or have their loved one go into an institution.

In that same section, Mr. Chairman, it says:

- provide cost-effective, small-scale group living options designed specifically for selected client groups such as younger persons with disabilities and persons with Alzheimer's.

The minister has listened very patiently to my carrying on about the proliferation of boardinghouses and group homes that do not have standards. Who's responsible for standards? Surely we're not going to allow further group homes to develop without developing alongside them standards that are carefully monitored so that people who are vulnerable are not exploited.

Here in item 7 of the next section it says "work with other departments and the Commissioner of Children's Services to explore the potential linking of children's services." I really desperately need an explanation of what that is.

While I'm on the subject of children's services and services to persons with disabilities, Mr. Chairman, back in the Family and Social Services section of the plans on page 10 of F and SS – and I asked the minister about this the other night, but he hasn't answered me yet on the subject. There's an item in their strategies that says that "responsibility for mentally ill clients was transferred to the Department of Health's Home Care Program in July 1994." I'm not sure how that's being administered at this present time, Madam Minister. If it is going through the RHAs, are they also responsible for housing, for discharge planning, for providing community supports, for providing supports for employment, for recreation, for making sure that those who were mentally ill are continuing to take medication?

Mr. Chairman, I have some questions about seniors. The Seniors Advisory Council did an excellent report, and included in it is a whole series of recommendations about health care. Perhaps the minister in a general way could answer whether or not these recommendations have been considered and if direction has been given to the authorities in regard to them. They are, I think, legitimate and need to be dealt with.

They range over a broad area. In particular, they deal with home care. I know the budget does show home care, and I know the directions that have been given to the RHAs with the – I was going to say collapse; that's not the right word – integration of public health and home care services. Over and over, the experience tells us that if we are reforming health care, going for deinstitutionalization, whether we're talking about people who are mentally or physically ill, home care becomes an increasing demand. I don't think we've really yet understood or compre-

hended the size and shape of that demand and the costs that could accrue as a result of it.

In that particular section the Seniors Advisory Council says:

- The role of public (or community) health . . .

Which we're moving to and which I agree with.

. . . including health promotion and support services, is not well understood by other sectors of the health care system. A number of health professionals still see hospitals and other institutions as the primary source of care for the elderly.

Unfortunately, I think that still maintains. In spite of our best intentions and the intentions the minister has expressed, I think it's still very much there.

Madam Minister, I asked the Minister of Family and Social Services to comment on FCSS. Perhaps the minister would do that as well.

One final shot, Mr. Chairman. I'd like the minister to tell me that we're going to make use of seniors in defining basic health services. I think they consume a tremendous amount and could be very helpful in that definition.

Thank you, Mr. Chairman.

THE DEPUTY CHAIRMAN: The hon. Member for Stony Plain.

MR. WOLOSHTYN: Thank you, Mr. Chairman. I appreciate the opportunity to make a few comments with respect to the estimates of Health. I would like to start out by congratulating the minister, first of all, for her commitment to the whole health scene in Alberta and more so on her commitment to changing the system in a very positive way and in such a way that we'll not only bring down the costs of the health system but will also improve access to it.

Mr. Chairman, I would like hon. members to review some of the minister's comments in *Hansard* of a week or so ago, last time the estimates were here. I would like to point out the sincerity of the minister when she states that she would like to

encourage all members in this Legislature from both sides of the House to work towards restructuring our health system, to work towards having a health system that can be sustained in this province for the good of all of our citizens.

And I underline "all of our citizens."

[Mr. Tannas in the Chair]

I would have to at times question the motivation of some of the topics that come up in question period with respect to the health system and perhaps the sincerity that may or may not be involved in actually helping these people that are identified here as having fallen through the cracks. I do believe that in this time of change the health system is still working very, very well. I would challenge some of the comments that I have heard from across the way about the system falling apart. I can take and document for you, unfortunately, I might add, examples of people being on waiting lists, examples of people being bumped from surgery, examples and examples over that are more than three or four or five years old. It's unfortunate that sometimes these things do happen, but to lay the fault at the door of the minister I think is quite unconscionable to say the least.

9:20

I do believe that one of the best things we can do is follow the lead that we've embarked on here. As the Member for Edmonton-Gold Bar indicated, some of the reforms that are being pushed forward in health care are ones that she herself would support. I'd like to see us pay special attention to the fact that not

only is this province going in the right direction in health care, but also the Prime Minister of this country indicated that we must change. We have no choice but to restructure health care in order that it can go on and serve the people of this province and in fact all of Canada.

Mr. Chairman, I think we should pay special attention to the fact that we're in the process – and the process is not over – of converting health delivery services from institutions from literally a couple of hundred different bodies down to 17 regions, and some of these regions are quite large in size. Some of them, as in the cases of Edmonton and Calgary, are large in the numbers of people, but what we will be doing is looking at providing for wellness as opposed to continually reacting to illness.

I think these boards have been unfairly criticized all too frequently. I think we tend to forget that the official takeover time for operating the facilities is about a week and a half to two weeks away. The people on these boards were appointed, and I think rightly so. I would like to see, quite frankly, contrary to what some other people have said in here, some regions in fact always remain as appointed regions. I would go on record, and I mean that very sincerely. Some regions may well be better suited if the members are elected, and some regions may well be better suited if they are served by an elected/appointed combination of some description, and that could well be the way to go.

I make these comments, Mr. Chairman, because what I am seeing is very distressing: comments that were made by the Member for Spruce Grove-Sturgeon-St. Albert on the last day of estimates. That particular member had some rather inaccurate and unfair observations to make on the WestView regional health authority. The majority of my constituency is within the WestView area, and for those members who are not familiar with it, WestView runs from the western city limits of Edmonton, through Jasper, and includes all of Jasper park. It's a very large region.

The Member for Spruce Grove-Sturgeon-St. Albert indicated, erroneously I would stress, that the city of Spruce Grove was not represented. I say erroneously because in the region's structure, the representatives are supposed to think regionally, and I underline the word "regionally." The member neglected to indicate to the Assembly that perhaps the reason there wasn't a member from the city of Spruce Grove on that particular health authority is that there wasn't anyone eligible who applied in time to be appointed. The member further went on to indicate that the minister should arbitrarily put an extra member on there. [interjections]

THE CHAIRMAN: Order. Order please. I was wanting to hear you, hon. Member for Stony Plain, and I couldn't.

MR. SAPERS: Point of order, Mr. Chairman.

THE CHAIRMAN: Oh. The hon. Member for Edmonton-Glenora is rising on a point of order, which you're going to share with us.

Point of Order Relevance

MR. SAPERS: Yes. *Beauchesne* 459.

THE CHAIRMAN: Well, that's a good one.

MR. SAPERS: That's relevance, I believe, and it is a good one.

THE CHAIRMAN: It is indeed. [interjections]

MR. SAPERS: Well, that's the one I meant.

I was hoping that the member opposite would stick to the estimates instead of talking about whether he thinks people in Spruce Grove are eligible for appointment to a regional health authority. I'm sure that there were people in Spruce Grove that were eligible, but I thought we were here discussing the Department of Health's budget estimates.

THE CHAIRMAN: Okay. The hon. Member for Stony-Plain, on the point of order.

MR. WOLOSHYN: On the point of relevance, Mr. Chairman, relevance, as *Beauchesne* rightly points out, is very difficult to define.

In borderline cases the Member should be given the benefit of the doubt, although the Speaker has frequently admonished Members who have strayed in debate.

The reason that I ask your indulgence is simply this: if the hon. members look at *Hansard*, page 654, they will find that all I am doing is following the very line of debate that was permitted by this Chairman on these estimates and correcting the record, because the record is in fact incorrect.

I think that since this does apply to funding for the regional health units, I'm on topic; since this applies to my constituency specifically, I'm on topic; and since I'm replying to statements made about the estimates, I'm on topic. So I would ask that you rule that in this case, on relevance, I'm on topic.

THE CHAIRMAN: Well, the Chair blushes with the admission that the Chair wasn't always as diligent in listening as the Chair ought to be. However, we've talked during the estimates about the regional health authorities, and because they are a relatively new phenomenon, more than one member from either side has managed to weave the issue in.

When you really get down to it, Parliament itself began as a result of the tax measures taken by the Crown over 880 years ago. This surely is at the heart of what Parliament is all about: discussing the merits or the lack thereof of the estimates. Provided that the hon. member can make the connection between regional health authorities and the estimates, then the Chair will continue to allow the liberal leeway that the Chair is wont to do.

With that, we will let the hon. Member for Stony Plain continue in a relevant way.

MR. WOLOSHYN: Thank you, Mr. Chairman. I will try to stay focused on the issue, which is the estimates for Health, which does include the regional health authorities, and since these regional health authorities for the first time appear in the estimates and since the members opposite have questioned the makeup of them, I think it only proper that we pursue this line. We are on topic, and I do thank you for your ruling.

Debate Continued

MR. WOLOSHYN: Further, there was the reference made that these appointments were political simply because one member of the WestView region who happened to be a reeve, who happened to be on the Capital care health authority, who happened to be the chairman of the Stony Plain hospital board, and who happened to be my brother ended up as a member on it. That was a political appointment? Yet, Mr. Chairman, when the sister of the Member for Sherwood Park is on a regional health authority . . .

SOME HON. MEMBERS: Oh, no. No. No.

MR. WOLOSHTYN: Yes. [interjections]

THE CHAIRMAN: Hon. members. I'm sure this is relevant, hon. Member for Stony Plain, but it escapes me for the moment. Could we have something more closely related to those expenditures?

9:30

MR. WOLOSHTYN: Mr. Chairman, if a member happens to be my brother and is overly qualified and it's a political appointment, then I beg the question: why did this politician, the minister, put a Liberal on a health board? [interjections]

THE CHAIRMAN: Order. Was that a question to the Chair?

MR. WOLOSHTYN: That was a statement, Mr. Chairman.

Further, we have a Leader of the Opposition who has a close associate on the Edmonton health authority. [interjections]

THE CHAIRMAN: Hon. member.

MR. WOLOSHTYN: Thank you, Mr. Chairman. The point I'm making is that we try to get the best people who do the best job regardless of political affiliation, and that I commend the minister for doing.

I think the minister should keep in mind that in a region, for example, like region 8 it might be very difficult, because of its vast size, for people to think regionally, although we're doing everything we can to encourage them. Because of this very nature, I would strongly recommend that we don't jump into the electing process too quickly, at least not until we can be sure that every region that elects members will think for the benefit of the whole region, keep in mind that the best possible health services are required for each and every Albertan no matter how small or how large a community they live in.

If you look at the estimates, you can very quickly see that we are expending about 2 and a half billion dollars on these regional health authorities. I think this shows the minister's commitment to the change. This shows that we have to continue to support these health authorities, and this also shows that there is a plan, not one plan, Mr. Chairman, but I would suggest to you 17 plans plus a Department of Health plan.

I would like to echo the minister's comments about working together. There is a time for criticism, there is a time to drag in the victim of the week, but now is the time to ensure that the direction that's been taken – and I do reiterate. The Member for Edmonton-Gold Bar would agree with the general direction. Most hon. members on both sides of the House would agree that a structural change was necessary. I think the time has come that we offer the constructive criticism. Where it's applicable, the people on this side of the House certainly will be glad to accept any kinds of suggestions that will in fact enhance the system of health care.

We are facing, unfortunately, a significant reduction in staff, for people who work in the health industry. That should not be a surprise to anyone simply because about 75 percent of the health dollars up until this point were expended on salaries and wages. Consequently, if we're going to remove a good chunk of dollars there, there was not much choice but to have staff reductions. The people implementing them I'm sure are not very pleased with having to do it. I know that the folks on this side of the House are not happy with having to do it. But we do have to restructure the system, and we do have to, as the regional health authorities are doing, minimize the pain of the reductions. I have every

confidence that every region that is going through staff reductions will be doing so in as humane a fashion as is possible.

Services, Mr. Chairman. I believe there were somewhere in the neighbourhood of 160 medical labs in Edmonton. I may be off by a few, but 160 labs for a city the size of Edmonton probably indicates an excess of over a hundred labs. When I was at the Capital health care's regional budget presentation, it was unfortunate – but they were very honest, which I appreciated – that in that staff reduction they had, I believe it was, identified some 700 potential people coming out of the lab structure. Well, I would submit to you that regardless of any other change made, the labs in Edmonton would have to have been addressed in any event, because at that rate they would have been going broke or else we would have had everything and anything tested in this city whether it needed it or not.

Mr. Chairman, when we look at some of the support services, at the physiotherapists, there has to be continued discussion with them, and I think that is happening.

Mr. Chairman, I will close by complimenting the minister on a job very well done. I would also ask members opposite, when they make comments about specific regions, to have their homework done accurately before they make statements and name people in the House, which I stray away from doing because that's not a very polite thing to do. I would also extend an invitation to the members on the other side to do their jobs as MLAs for their constituents. Rather than parading them through the House, ensure that if they do fall through the cracks, appropriate people are notified in order that we can help each and every individual.

Thank you, Mr. Chairman.

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

DR. PERCY: Thank you, Mr. Chairman. With regards to the estimates, the first question I have is to the minister, and it's in fact a continuation of a line of questioning from my colleague from Edmonton-Glenora. It relates to the percentage changes across the 17 regional health authorities. When you look at the percentage changes, there is wide variation. For example, the Northwestern health services region is minus 4 percent; Capital health authority, minus 9 percent; Calgary regional health authority, minus 6 percent. So you have tremendous variation across the 17 regional health authorities. You have significant disparities as well in population. The question really is: what is the rationale for the significant differences that exist in the per capita budget of each of these authorities? There must some rhyme or reason to the allocation of funds.

The second question to the hon. minister concerns the notion that's implicit in the business plan and which the minister has stated often in the House: that the health care system is seamless and that the money will follow the patient. Take, for example, Sherwood Park. Many residents of Sherwood Park will still use Grey Nuns. The allocation for the Capital region obviously is historic in nature, a significant portion of it, which already captures the pattern from Sherwood Park into the region. Well, in that case, the patient has to follow the money. That's what's happening there; the money's already been allocated. I mean, to the extent that you were going to argue that this was a system where the money would follow the patient, the ideal system with the set of incentives would have been one where in fact you would have almost given a per capita grant to each of the regions and then people would have chosen across the regions. Now, I understand the hon. minister is locked into history, but the issue

really is that you can't say on one hand that the money will follow the patients, because the reality is that it's there already. Maybe on the margins, as there are population shifts, the money will follow the patient.

9:40

Now, perhaps I've mistaken what the hon. minister has said and she's not talking about on average in saying: well, given where we are – but as we introduce new services and allocate them on a competitive basis, on a narrowly defined basis, it is those services for which the money will follow the patients. So my question to the minister is not philosophical in nature. Could she define for me precisely those areas in which the money will follow the patient and where patients, regardless of where they live in any of the 17 health care districts, have a choice as to where they're going to go and the money will follow them? It's clear if you look at the health authority which Sherwood Park is in that the money in Sherwood Park, in that particular regional authority, can't follow the patients to the Edmonton area because it's in a sense already built into the system. I would like clarification of what it exactly means, because we hear it all of the time, and it's clear, at least for my mind, that it can't be true to the extent that it's sometimes said. So I'd like to know: what exactly are the services for which the money will follow the patient?

A second issue concerns regional standards. The hon. Member for Stony Plain said: 17 new health care systems. Well, on one hand, that is a fair representation because the demographics differ across these regions. In large part health care is driven by the demographics and by the spatial distribution of individuals. Some are sparsely populated; some are very densely populated.

I do have a concern that part of what the Department of Health ought to do is ensure health care to common standards. Now, it's true that they try and set that out, but it's not at all clear that the incentives are there to ensure that it is carried out without extensive and expensive monitoring. In many cases the individuals in those regions won't know whether or not they're getting health care to the common standard. It's not that individuals are uninformed; they just don't know realistically what is the appropriate standard that they should be receiving health care to.

So how can you in a sense have regional standards? On one hand, you decentralize, and you allow, then, the demographics and the population densities to determine the structure of health care across the 17 regions. That I buy. I mean, I think that's important, that the regions and the allocation of health care resources should reflect the structure. On the other hand, I have read the documents, and I see generalities in the documents. I'd like to know: what are the specific mechanisms that will ensure that we have in a sense universality in health care within this province and a sense of accessibility to the core set of services that people would expect from a provincial health care system? The minister is on record as saying that it is a seamless system.

So, again, I have read the document which the minister waved . . .

MRS. McCLELLAN: I didn't wave anything.

DR. PERCY: Pointed to.

. . . and it's not clear to me that it has the specific mechanisms in it. That is, I think, a legitimate concern.

The second issue again concerns this issue of provincial standards. When I see the severance packages that are going to be handed out – and I accept the argument that these were

negotiated. I refer to them because they are part of the estimates and they were part of the contractual obligations. I accept that.

On the other hand, Madam Minister, the extent of restructuring that faces each of the 17 regions is in fact driven by the provincial government and the Department of Health, and I don't think in good conscience the unions that were negotiating for the nurses or these other groups could have realized the magnitude of the restructuring that was going to occur. When you negotiate union contracts, you know, you expect redundancies of maybe 2 or 3 or 4 percent. You don't expect 1,800 redundancies or 350 nurses in a particular region. It's very difficult to negotiate that type of package. So I really think there is a role for the minister or the Minister of the Department of Labour to ensure some uniformity of treatment, because we're talking about individuals who have put in 10, 15, 20 years. I mean, they've been the mainstay of the system, and we've now declared them redundant because of restructuring and trying to lower costs. I think just as there was a one-shot injection of funds into the system to deal with transition costs, if anything, there ought to be a one-shot injection to deal with the severance packages for nurses, lab techs, and the like. I think it would both improve morale and it would be fair. It would be the right thing to do. I don't think it's fair to say: well, this group, because it's senior bureaucrats, you negotiate one on one and the terms of the contract that you entered into set out severance, but nurses through a union – it just isn't at the front end.

I'm just making an appeal that I think there is a real role here, and I would strongly urge it on the grounds of fairness. Where the money comes from is of course the issue, but I don't think we should be playing Russian roulette, because many of these individuals are 45, 50 years old. They have to retool, retrain, or they may be leaving the labour force permanently. So I think there is a role for the provincial government to ensure fairness to a common standard for this group of individuals. I'm not sure who is responsible within the provincial government, whether it's the Minister of Labour or the Minister of Health or Treasury, but I think if there's one issue that's going to come back and haunt this government, it's the notion that people are expendable if they're shown to be somehow redundant.

I think the corporate restructuring that we've seen for large corporations in the United States and in Canada has shown that if you don't do this well, the loss of morale, the loss of enthusiasm, the willingness to participate in restructuring is gone, because you're viewed just as a cog in the machine. So I would hope and strongly urge the minister to look at this as a real issue that will have significant implications for the productivity of the whole system. And this isn't a partisan issue. This is just an issue of treating people fairly. Some boards may do it; some won't. I have concerns in particular about the board here in the Capital region.

Another point, Madam Minister, is the issue of public release of documents. Since the regional health authorities derive all of their funds from transfers from the provincial government, I think it is incumbent on them that when they present a budget, they provide the documents. I'll just bring up as an example the transfer of obstetrics and gynecology from the University of Alberta hospital to the Royal Alex. It is my understanding, from talking to a variety of individuals, that the health authority was consistently advised that this was not going to be cost-efficient, that there were also going to be real costs in terms of the research projects under way at the hospital. Now, I'm willing to suspend judgment if I can see the documents, but I was at that budget meeting, Madam Minister, and there was not a debate. There

were no questions from the floor. The board members tossed puffballs from one to another, and you couldn't get the information. If they don't have it, then there should be real questions raised, and if they do have it, it should be released so that MLAs can then respond to their constituents. This is where the minister has the authority to offer directives.

Another comment, Madam Minister, is the issue of administrative expenses. Again, on a quarterly basis when we're in this period of transition, I think it's only legitimate that the administrative expenditures of these boards are public so that you can nip problems in the bud. At the very least, I would be willing to accept that the minister received quarterly reports of administrative expenses but they would be made public only at the end of the fiscal year, so long as there was some monitoring on a quarterly basis of these expenditures. I think when the next set of public accounts come out, there are going to be some real horror stories which, had the minister seen in advance, something could have been done about, even if it wasn't tabled in the Legislature on a quarterly basis. But as long as it's received on a quarterly basis and acted upon, I think it would be very useful, because from some of the stories that one hears – it's anecdotal in some instances – I think there is the potential for serious abuse of the system. It can just be dealt with very easily by monitoring on a quarterly basis. Even if it's not made public, at least the minister is aware.

9:50

My understanding, at least from what the minister has said, is that this isn't presently the case as to what's done, what we'd see at the end of the period. So I would urge the minister, because she's responsible for the grants, to direct the boards to make their budget documents public, because that's the only way MLAs in the regions can argue the merits of the case. If you've seen the documents for the Capital health authority – it's very difficult for me as an MLA to say that they're doing the right thing, because I don't have the numbers to make that case. I'm shipping a letter in to them, I'm setting out my specific questions, but my hon. colleague from Edmonton-Glenora has asked for the documents and has been refused. I would like to see them, because I'm quite willing to make a case if the numbers are there, but in the absence of the numbers, I'm not going to stand up and say that this is the greatest thing since sliced bread, because I can't justify it.

On the other hand, in question period when we direct questions to the minister, it's the board's responsibility. When we ask the board, we don't get the specifics. If MLAs are to act not as advocates for the regional health authorities but to clarify their role and say they're doing the best they can in a period of transition – if we don't have the documents, we can't do that. I don't think this is a partisan issue; I would suspect very much that members on that side of the House don't get access to some of the documents as well. I mean, I would hope that they don't. I hope it's sort of consistent that that regional health authority is just holding back. If we can have those budget documents when they table the budgets, it makes it much easier for us to say: "It's a well-thought-out plan. Yes, there may be some risks. Yes, we're in a period of transition, but it looks like it's the best they can do, given the constraints they face." That's all you can ask of any particular board, that they do the best they can, but if you don't see the numbers, you can't make the argument.

So I'm really asking the minister, then, if she could send out a directive so that we as MLAs can get our hands on these documents so we can, you know, answer the questions that we're asked in our constituency.

With those comments I will sit down.

THE CHAIRMAN: The hon. Member for Edmonton-Manning.

MR. SEKULIC: Thank you, Mr. Chairman. I just want to continue on my debate that I started last week and just add a few points to round it off. It'll be brief.

The last comments I was making were in the area of mental health. There are two institutions or two facilities within my constituency which are affected by decisions made through the Department of Health. Specifically, last week I was closing and I was stressing the tragic fact that the province and the federal government were incarcerating an increasing number of severely mentally ill persons who were found to be in conflict with the law. The tragedy, Mr. Chairman, is that these people are victims of illness, and they're certainly not criminals.

Madam Minister, this year the federal penitentiary system, specifically the Edmonton maximum security penitentiary, which as I said is also in my constituency of Edmonton-Manning, has had to reserve one full unit for the severely mentally ill. Mr. Chairman, incarceration certainly is not the answer. It's not at all a cost savings. It's not service enhancement or service maintenance. It's neither efficient nor effective. To some extent it's almost ideological, from the point of view that it's budget driven. So although we hear more about community programming, we're not getting the resources following those words, and we have people who are leaving places like the Alberta Hospital Edmonton and are then ending up in maximum security.

Mr. Chairman, the community model is a very significant supplement to the current health care system. However, it is not a replacement, particularly if insufficient funding is allocated to community resources. Clearly the community at large has expressed their wish to be safeguarded from people who have been identified as potentially violent and those likely to be repeat offenders. So why, Madam Minister, have you permitted the forensic unit's budget at Alberta Hospital Edmonton to be cut quite significantly when the Department of Justice is also being cut, yet they require an increasing amount? This is what I've been told, that they have been cut. The Department of Justice is also undergoing a cut, and they're requiring an increasing amount of assistance and expertise from the experts in forensic psychiatry.

One example of the crisis is the fact that the inpatient sex offenders' treatment program has had to reduce beds by 50 percent over the last three years, all in order to meet budget cuts and not to provide the required service to those in need of the service. Surely, Madam Minister, this doesn't make sense to you either. It makes no sense to me when we see an increasing demand for such services yet we see those services being cut back. This certainly doesn't make our communities safer places to live, and it certainly doesn't permit trained medical professionals to treat those requiring their services.

I just want to close off with two quick questions. How much is planned to be expended on the very rapidly growing need for mental illness services targeted specifically to mental illness amongst the elderly? It has been very conspicuous by its absence that nothing was said relating to geriatric psychiatry in the business plan of the Provincial Mental Health Board. Elderly patients also suffer with real mental illness, and their needs surely need to be addressed. I'd like to know where that will be reflected, Madam Minister.

Two more questions quickly. When Alberta has less than the World Health Organization's recommended number of psychiatrists per 100,000 population and over 50 new psychiatrists were assessed as reasonably required in the Capital health region alone,

how does the Minister of Health expect to continue to provide the required psychiatric services when more psychiatrists are retiring or leaving Alberta than are entering psychiatric practice in Alberta? That apparently is a real concern.

With those comments, Mr. Chairman, I will take my place and permit the minister to respond. Thank you.

THE CHAIRMAN: The hon. Minister of Health.

MRS. McCLELLAN: Mr. Chairman, thank you. There again have been some very good questions and very good comments in the members' comments tonight from both sides of the House. I am going to keep my comments very brief, and as I indicated earlier, I will respond in depth, because many of the issues that were raised tonight require more than a one-minute or two-minute explanation.

The Member for Edmonton-Glenora asked for lists of committees and so on. Obviously, it would be better done in a written form than to try and do it through the House tonight. Also, an explanation on the community rehabilitation budget, and I want to do that in depth so that there is an understanding that that is not a physical therapy budget – it is a budget for the whole program – and that dollars have flowed into that budget from several areas. I think that would require a bit more explanation, so I will follow up in writing.

Mr. Chairman, the other area that the Member for Edmonton-Gold Bar brought up that I also want to dwell on a bit longer by way of written explanation is on the issue of population health. I think that's a very important point, and I would like to explain to the hon. member the development of the population health areas. We had a two-day workshop with our regional health authorities on that very issue. We as ministers of health across Canada have committed ourselves to population health needs and the development of population health programs. So I would like to offer that information a bit more fully. Also on the home care, I will continue that.

10:00

The area of user fees was brought up and the question in our Health business plan, you know, talking about people having to make choices and, indeed, perhaps having to pay for some service. I want to remind members on both sides of this House that the health system we have in this country is a very precious resource. However, the Prime Minister of Canada is on record as saying that medicare was not intended to be all things and that it is important that we now look at the medicare system, that we make sure that we can maintain the universality, the affordability, the comprehensiveness of that system. Indeed, I think it has been speculated that it should probably reduce about 2 percent from where it is now.

I can say that we are quite willing to work with our federal government and our other provincial ministers on that issue. In fact, I raised it at our last meeting and said that I felt that the issue of what services were essential or what should be funded should be discussed at a national level, not at an individual provincial level, so that you did have basic expectation, so that you could ensure affordability and so on.

I've also indicated in this Assembly many times that if our health system strictly revolved around the rules of the Canada Health Act, we would not have the health program we have in this province today. I happen to think that a wellness program is a good program, and the move to community is a good one. So we are working that way.

The Member for Edmonton-Whitemud raised some very interesting comments, and he mentioned the minister being locked into history. Well, I've got to think about that one. I think it must have been simply on my funding formulas, because I haven't been accused of that in the health reforms. What we did say was that we would fund this year on an historic basis, but that is not an old basis. That is using HPI, CMI, and all the accepted formulas that were there.

There is a funding committee that is in place that is developing some principles and working with the stakeholder groups to ensure that the funding formula that we have for the next year for the regions will reflect the new way of delivering health services. Certainly I would invite all members to correspond with that funding committee. I think that in the file boxes there is a release on that committee with the names of the committee members, and I'm sure that they would like to hear from members if they have some particular ideas on how you could fund.

When we say that funding follows the patient, certainly for the areas of Edmonton and Sherwood Park, which were mentioned – Edmonton is funded on the basis of delivering that service. They have delivered it. They are funded that way. We monitor activities very closely, in fact are monitoring them on a quarterly and six-month basis, so if there is a big shift in where people are accessing services, we can reflect that in the funding quite quickly. That is something new.

Public release of documents: take that into consideration. I'd like to read your comments just a bit more thoroughly when they come out in *Hansard*. You were covering a lot of ground in a short time. I will give it, certainly, some thought and consideration and talk with you.

The Member for Edmonton-Manning raised some more questions on Alberta Hospital Edmonton. I think you're aware that Alberta Health does not fund the forensic unit at Alberta Hospital Edmonton. That is funded by Justice.

There is a shortage of psychiatrists in Alberta. That is also the case in other parts of Canada. We recruit in that area. We try to ensure that students are aware that that's an area of need. There is a shortage, and we are concerned about that. That is not because of our program.

The member seems very genuinely interested in the changes in mental health. I would encourage him to communicate some of his thoughts, as I will the thoughts that you've related through the debate, to the new Provincial Mental Health Board. I will send your comments to them to ensure that they have the opportunity to hear. If you have some further thoughts in that area, I'm certain that they would be happy to hear from you.

Mr. Chairman, with that I would move that the committee rise and report.

[Motion carried]

[Mr. Clegg in the Chair]

THE ACTING SPEAKER: The hon. Member for Highwood.

MR. TANNAS: Thank you, Mr. Speaker. The Committee of Supply has had under consideration certain resolutions of the Department of Health, reports progress thereon, and requests leave to sit again.

THE ACTING SPEAKER: Thank you, hon. member. All in favour of the report?

HON. MEMBERS: Aye.

THE ACTING SPEAKER: Opposed, if any, say no. Agreed.

[At 10:09 p.m. the Assembly adjourned to Thursday at 1:30 p.m.]

