

Legislative Assembly of Alberta

Title: Wednesday, April 17, 1996 8:00 p.m.
Date: 96/04/17
 [The Speaker in the Chair]

THE SPEAKER: Please be seated.

head: Government Bills and Orders
head: Second Reading

Bill 27 Public Health Amendment Act, 1996

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

MR. DUNFORD: Thank you, Mr. Speaker. I'd like to move second reading of Bill 27, the Public Health Amendment Act, 1996.

Mr. Speaker, there are a number of key principles to this amendment Act, and I would like to just briefly describe them to you and to the members of the Legislature, and then I'm certainly prepared to make a note of any questions that any members do have and at the appropriate time attempt in my way to answer any concerns they have.

The three key principles that are involved in this particular Bill – one we've put under the general title of restructuring, because what we have here under the Public Health Act are references throughout the Act to local health boards. Of course, with the regionalization that has taken place in public health services, we now need to change “health unit” to “health region” or to “regional health authority.” I'll get back to some of the other key areas that are involved in that particular area.

A second key principle would be the ability for “a registered nurse providing extended health services.” Now, in this Bill we're actually wanting to do a couple of things. One, we want to bring forward the tenets of Bill 5, which was passed in 1995 but has actually not yet been proclaimed. Also, we ran into quite a lot of criticism and concern in that particular Bill 5 because we provided protection from liability for registered health nurses. So now in this Bill we are going to correct that, and I'll be glad to comment on that in a few minutes.

The third principle that exists in this Bill is in terms of the waste management. In this particular situation we are transferring the responsibility of the regulation of waste management from Alberta Health to Alberta Environmental Protection. I want to try to make it as clear as I can that in terms of biomedical waste, the responsibility will still remain with Alberta Health.

So those are the three key areas. And just to again perhaps try to fill in some of the spaces in between – I always hesitate to use the words, “It's just housekeeping,” because those words have been used in this House previously, and then we find under debate that perhaps more is going on here than what it might look like. So I want to try to hit, then, the points that we're bringing forward in this amendment as I understand them.

The first one clearly is housekeeping in the sense of strictly a name change: removing “health unit” to be replaced by “health region” and for “local board” to be replaced by “regional health authority.” We must, I believe, understand that within this amendment and still, then, within the Public Health Act, the regional health authorities are responsible for fulfilling the requirements of the Public Health Act. That has not changed. Given that regional health authorities have the powers of a natural person, then we no longer have to enumerate the specific powers

they would need. That's no longer required.

I think it's important for members of this Legislature to note as well, Mr. Speaker, that the power of the former health units to visit and inspect records will be expanded under this amendment to include “any place under the jurisdiction of a regional health authority.” Also, regional health authorities in the future would be allowed to hire a medical officer of health on a contract basis. Currently medical officers of health must be members of the RHA board or the staff of either the RHA or Alberta Health, so this amendment would open that up to some extent.

I think those are the points that we'd want to make. Perhaps I should just reconfirm that a regional health authority must provide the following services:

the health promotional, preventive, diagnostic, treatment, rehabilitative and palliative services, supplies, equipment and care that the regulations require it to provide.

Now, under the registered nurses area, I believe we all remember the debate that occurred last year when Bill 5 came forward. Really, it started, as I understand it, from a recognition of what was actually taking place in Alberta, which was the fact that in many northern regions we in fact had registered nurses providing extended health services and, I suppose if one wanted to be picky, then at that particular time probably in violation of our own Act and regulations. So the concept of Bill 5 of course was to bring the actual practice here in Alberta, a practice that had been agreed to by all of the associations involved, the stakeholders involved, and Alberta Health, and legitimize it then in this particular Act.

Where that Act went off the rails was in the clauses that were providing registered nurses and they were given protection from liability. Well, no other health profession in this province had such protection, and this was noted then very quickly, especially by representatives from the Alberta Medical Association. Mr. Speaker, I must tell you that I had a rather rocky couple of visits to some medical clinics in Lethbridge when it came time to discuss this Bill. So with lots of discussion then on that particular feature, what we're doing with this amendment Act is bringing forward the key areas of Bill 5, but we are not bringing forward this extra protection that they would have. They would now be treated the same as any other health professional. As a matter of fact, registered nurses would just simply continue what the practice has been. They would be protected not only by common law but also by liability coverage that would be provided through the Canadian Nurses Association. For the benefit of members in deciding whether or not to support this Bill, I want to indicate to all members that this change from Bill 5 – that is, the removal of this protection from liability – has been agreed to by the Alberta Association of Registered Nurses, by the College of Physicians and Surgeons of Alberta, and by the Alberta Medical Association. So I think that would perhaps cover, then, the particular notes in that particular area.

Again, the last one is waste management. These are amendments, then, to allow for the transfer of the responsibility for waste management from Alberta Health to Alberta Environmental Protection, with the understanding that we are not transferring the responsibility for biomedical waste. That will continue with Alberta Health.

There are perhaps other areas that individual members might be interested in, and I'll attempt to answer any queries or concerns they have. I just want everyone to know of course that the regulations that would have to go along with the amendments within this Act would have to come due at the appropriate time and live then with the amendments that we're making.

With that, Mr. Speaker – again I'll just make sure that I have the protocol right – I'd move second reading of Bill 27.

8:10

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

MR. SAPERS: Thank you, Mr. Speaker. Bill 27 is a bit of a puzzle for me, and the reason it's a bit of puzzle is that I reflect back on the debate of what was then known as Bill 20, which was the Regional Health Authorities Act passed by this Assembly a couple of years ago. I remember that when that Bill was first introduced, it was a relatively short Bill, a short number of pages, short in content, short on detail in fact, and almost immediately after it was introduced, the Minister of Health introduced into the Assembly an amending Bill of substantially more depth and scope than the original Bill 20.

Now we come to Bill 27, and you may be asking yourself: how does discussion of a Bill that's two years old relate to Bill 27? Well, one of the difficulties we had with the Regional Health Authorities Act was that we knew and we raised in debate that there would have to be subsequent and consequential amendments to many other pieces of legislation, and we knew that it would have to be a complete review of the regulatory framework regarding health care if regionalization could ever be accomplished in a positive way. In spite of those concerns and in spite of the concerns that were being raised to say could we please do the right thing and put on hold or at least slow down the regionalization train so that we could take a look at all of the consequential amendments, the government nonetheless, as you know, went ahead with that process. We're just now beginning to play catch-up in a way that has caused tremendous concern for health providers across the province in almost every aspect of health.

The housekeeping aspects of Bill 27 I think we can support, and we can say that unfortunately they've come a couple of years too late. It wouldn't have been much to anticipate, Mr. Speaker, that we would have to change the wording about local boards and local authorities to regional health authorities, knowing that we were going to regionalize. Certainly, those were the kinds of amendments we had proposed during the debate on Bill 20, and it would have been so much more efficient for the province had that taken place.

Mr. Speaker, this won't be the last time that we're going to see Bills debated in this House and taking up new debate time in the Assembly as a result of the rush that accompanied Bill 20. We still have to deal with, for example, issues to do with Blue Cross, and there are some other areas of public health amendment that I'm surprised aren't contained in Bill 27.

Now, the objective of Bill 27 can be summarized quite easily. The Public Health Amendment Act, 1996, does those housekeeping changes, those name changes, and I don't think we can take much issue with those except to lament the fact that we have to do it now, two years after the fact. The accommodation for the name change from local health units and local authorities to regional authorities is one that we have to do.

The section, however, Mr. Speaker, dealing with the consequences of Bill 5 I don't think we can be as dismissive about in terms of simply being too little too late. When Bill 5 was first proposed in this House, the Member for Lesser Slave Lake was very forthcoming in agreeing to meet with myself and other members of this caucus and sharing information in terms of the profession, and we had some good and I think productive discussions about Bill 5. There were a few things that were noted in Bill 5. One of them was this issue of liability. Another one

was the lack of how specific the Bill was in the sense that so many things were being left to regulation. We're seeing one of those issues now addressed in a subsequent amending Bill, and that of course deals with the liability protection issue. I expect – and I see the Member for Lesser Slave Lake agreeing, and maybe she'll stop at this point – that we'll see subsequent amendments in the other regards as well.

Mr. Speaker, this is a problem because there is so much uncertainty. So much of the stability of the health care system is day by day being eroded, and it can't be helped by this piecemeal approach of legislative change. We can't do this legislative change in this way and simply say that it's good enough to clean up the mess after we've made it, particularly when we could have anticipated the problem.

I recall participating in a standing policy committee meeting wherein the AMA and representatives of the College of Physicians and Surgeons made a presentation to that committee in the presence of the Minister of Health highlighting the liability concern and asking the government to please address this as a legitimate issue. At that meeting – and I'm only paraphrasing because I don't have the *Hansard* of that meeting before me – I remember the Minister of Health being strident in her response and quite positive that there was no issue, that there was no issue to be addressed and that in fact the department had looked at it and the insurance people had looked at it and that the doctors were wrong, not the government.

Now we see, Mr. Speaker, that that's clearly not the case. We see an amendment Bill recognizing, in fact, that that was a weakness in that legislation, that is was a problem, that it needs to be addressed. Now, I'm not arguing against addressing it, but it makes me wonder again, out loud, what other parts of that legislative package are flawed, continue to be flawed, and will continue to be flawed until the government is somehow, I don't know, beaten into submission, given some kind of a tune-up that I can only imagine what it might take.

Mr. Speaker, that issue, as so many other issues, was raised on the floor of this Assembly in debate, but unfortunately because the potential hazard, the problem was identified by an opposition member, it's just dismissed. It's dismissed as just a partisan political shot. The government has to recognize that they don't own all the good ideas and that the role of the opposition isn't just to be blindly critical but that in fact sometimes, as the Member for Lesser Slave Lake and the Member for Olds-Didsbury and the Member for Vegreville-Viking I think can attest to, from time to time it's possible to work together towards a common end and improve legislation and make it the best possible and minimize the acrimony on the floor of the Legislature, minimize the partisan nature of debate around Bills.

Mr. Speaker, Bill 5 does need to be fixed, and Bill 27 will fix that one part of it at least, that the government's acknowledged at this point, but this leads me to my next point about why I'm a little puzzled or confused about Bill 27. Prior to a couple of other Bills being introduced into this Assembly, Bills 14 and 15, the Minister of Health lived up to a commitment she had made – and I respect that and thank her for that – and that was to provide myself and staff in my caucus with a technical briefing on those Bills 14 and 15. I thought that was a good, productive session. It allowed myself to brief my caucus in terms of the strengths and the weaknesses of those Bills in a very efficient way and I believe made debate on the legislative floor that much more efficient. We were able to hone in on those things that concerned us and get away from some of the confusion. I think that kind of technical

briefing, again, decreases the partisan and acrimonious nature of debate that sometimes we find ourselves embroiled in.

But for some reason, Mr. Speaker – and this concerns me – when I again asked the minister's office to provide technical briefings on Bill 27 and on a subsequent Bill, Bill 30, we were refused. We were told no, that that would not be a good use of the time of the public servants who work for Alberta Health, who work for the taxpayers, in fact. We were told: no; you know, even though we gave you a technical briefing on those other Bills, you still had the audacity to come into the Legislature and challenge some parts of them.

That is unbelievable to me, Mr. Speaker. Of course we would question and challenge what we felt was not right, what we felt was not in the best public interest. That is our job, and we can see the wisdom of doing that, because here we are with a Bill, Bill 27, which is essentially a collection of corrections. It's a Bill that corrects deficiencies in previous legislation, and often these are the deficiencies that were first raised on the floor of this Legislature in debate, at second reading, in committee, what have you.

8:20

I can't help but question the wisdom of the minister in denying a technical briefing on this Bill. We want the best for the people of this province. Certainly the Minister of Health does as well. Why would you not want to make sure that that happens? Why would you not want to do everything possible to ensure that the quality of debate is as high as it can be, that the information shared is as accurate as it can be, and that we can get down to the business of making the best laws we can? Because that's our job. That seems to me to be self-evident, but it wasn't, unfortunately, to the Minister of Health when it came to Bill 27, and that concerns me.

It also, then, makes me suspicious. That's my nature. What is it in Bill 27 that the government doesn't want to tell us about? What is it in Bill 27 that the Minister of Health is shielding from that kind of technical review? What questions to the bureaucrats would the minister not want me to raise? Well, Mr. Speaker, once, of course, I am given that kind of incentive to dig a little bit deeper, I do, and that leads me to the next concern that I have about Bill 27.

Now, as I say, we can get past the name changes. We can get past the housekeeping parts of the Bill. We can even get past the issue to do with liability for nurses and those consequential amendments to the Public Health Act. But, Mr. Speaker, the sections of Bill 27 dealing with waste management are of tremendous concern. I know there are other members in my caucus who want to address those in detail, but I will just outline for the Assembly at this point in the debate in general what those concerns are.

The change to Environmental Protection cannot be justified based on anybody identifying the problem. It can't be justified based on people who know public health. It can't be based on people who know environmental protection on waste management coming to the government and demanding that this change take place. It can't be justified because it makes government operation more efficient. It can't be justified on the basis that it makes public health safer. It can't be justified on the grounds that there was a glaring deficiency in existing legislation.

So, Mr. Speaker, who asked for it? Who wanted this change? Why is the government doing this? Why is this being foisted, in fact, upon the people of Alberta? Now, I'll note that similar changes were proposed last session by the government in their

Miscellaneous Statutes Amendment Act. Imagine that. Something as significant as removing the authority and jurisdiction for waste management and the siting of landfills, et cetera, from public health and over to Environmental Protection we were being told was just housekeeping. It was so minor that it could be hidden within the weighty text of the Miscellaneous Statutes Amendment Act. That is not the case. This is a very significant issue.

Public health is about clean air, clean water, clean land. Public health is about the very environment, and I mean that in every sense of the word. It does not make any sense to look at Environmental Protection, which has its own mandate and its own set of legislative concerns, and then superimpose upon that all of the expertise that'll be necessary to transfer the proper authority for waste management.

We are offered as some comfort that this Bill does not address biomedical waste. Well, that is slim comfort indeed, Mr. Speaker. There is a town somewhere around Calgary where there is a biomedical waste facility.

AN HON. MEMBER: Beiseker.

MR. SAPERS: Thank you. [interjections] Mr. Speaker, there is some buzz in the room, and I can't imagine what it pertains to.

Mr. Speaker, that biomedical waste facility is a controversy in and of itself. You know, to say that this Bill doesn't touch biomedical waste is kind of like saying, "Well, you know, this Bill doesn't touch another huge controversy." Thankfully it doesn't. That'll be time for another round of debate in this Chamber.

What this Bill does do is change who's going to be responsible for waste management facilities. There's significant wording from just the siting of landfills to the whole gamut of how you handle and transport waste. The Bill is actually silent in fact, Mr. Speaker, that it'll be Environmental Protection. You sort of have to be a detective and guess that. I would suggest that there are some serious drafting errors in the Bill in this regard.

Of course, what we're told is to sort of settle down, don't worry about that, don't worry about the lack of detail, don't worry about that at all, because you know what, Mr. Speaker? It will all be taken care of in regulation.

DR. TAYLOR: Jon's going to look after it. Don't worry about it.

MR. SAPERS: Oh, yeah. That'll be worth a Bovar buck; won't it?

It'll all be looked after in regulation and we should just trust the government.

Keep in mind the context of being asked to display this trust, to offer this trust. We're being asked just to trust the government that they'll do the right thing by regulation, behind closed doors, without reference, I'm sure, to the Standing Committee on Law and Regulations, within the confines of a Bill where the whole purpose is to correct other deficiencies. We were asked just to simply trust the government that Bill 5 was right, that Bill 20 was right. They were wrong. We can't just simply trust the government again on this one, because I say that they are wrong again in this Bill.

To make this Bill just a little bit more correct, we're going to have to see some substance to do with the handling of waste and the siting of landfills and the transportation and the control of

waste and other hazardous materials. We're going to have to see that detail in the Bill, in legislation, not left to order in council, not left to regulation, because that's the way it has to be. This is the best way to make public policy: in the open, in the light of day, not behind closed doors.

At the very least – at the very least – we will be expecting to see the government propose some amendments that put some flesh on the bones around the transfer of responsibility. Then maybe some of the concerns we have will be alleviated, and we may even be able to support it. I'm not hopeful, Mr. Speaker, but we may even be able to support it. We require that at least; we require that detail. We require that because it's the best way to make public policy.

Then we would request specifically that technical briefings from both departments be offered. I would even go a step further, Mr. Speaker, and suggest that this is of such concern – and certainly anybody that enjoys recreational property around Pine Lake will have some interesting comments to make in terms of why this is of such concern – that the government should have some public consultations. We should get some input from property owners. We should get some input from recreational users of Crown land. We should get some input from environmental groups. We should get some input from public health groups.

You know, in the sponsoring member's own backyard, coming up in just a couple of short weeks the Alberta Public Health Association is having its annual convention. I would suggest that the hon. member take in some of those sessions and talk to the Public Health Association members about whether they like this Bill or not, and maybe he'll come to his own conclusions.

MR. DUNFORD: I'll be there. I'll be there.

MR. SAPERS: So will I, hon. member.

Maybe he'll come to his own conclusions and he'll come with these amendments, because he'll see the folly of going down this road, all on his own. He won't even need the opposition to point it out to him. I'm hopeful that he has that capacity for learning, Mr. Speaker. I trust that he does.

The sections dealing with waste management, as I say, are the most troubling. They are, I believe, the sections that would have prevented the minister from saying, "Sure, have a technical briefing." They are the sections that don't make any sense because they don't appear to solve a problem; in fact, they appear to create some problems.

So, Mr. Speaker, at this stage of the Bill I know we're only supposed to talk about the principle. I won't go into a section-by-section analysis. I have tried to establish what the concerns are, particularly the concerns regarding the transfer of authority regarding waste. I hope the government will rethink its approach to this kind of piecemeal lawmaking and will take a longer view and perhaps will work more co-operatively now, when the opposition offers to be involved, at the preintroduction stage to make the Bill the best it can.

Wouldn't it be nice if we could march into the Assembly and the government would sponsor a Bill – let's call it Bill 27 – and the sponsor from Lethbridge could stand up and say: "I've consulted with my colleagues from across the floor, and we have had a productive discussion. We have made this Bill, and we know that this Bill is the best we can come up with. We look forward to the debate, and we look forward to telling Albertans that we're doing our jobs. We're not just playing politics with policy?" Mr. Speaker, I know I look forward to that day, and I

would hope that the government side does as well.

At this point Bill 27 cannot enjoy the support of this member. I hope that we will see some of those amendments and that we'll have some of those concerns addressed.

THE SPEAKER: The hon. Member for Sherwood Park.

8:30

MR. COLLINGWOOD: Thank you, Mr. Speaker. I listened intently to the comments from both the sponsoring member, the Member for Lethbridge-West, and my colleague for Edmonton-Glenora with respect to the purpose and intent of Bill 27 and some of the deficiencies that exist in the Bill. I will not spend a great deal of time in discussion on the various sections. The Member for Lethbridge-West attempted to avoid the use of the term "housekeeping" sections where we do see in many of the sections of Bill 27 changes to wording to conform with the recognition that jurisdiction will accrue to the regional health authorities for various of these matters where currently the jurisdiction rests with the local board of health.

I, of course, am very interested in the particular provisions that deal with waste management that were discussed by my colleague from Edmonton-Glenora. The difficulty I have, Mr. Speaker, with this particular section is that while we are in the middle of a process of debating the transition of waste management control and regulation from public health units to the Department of Environmental Protection, it seems that the Bill really only goes halfway. Now, I grant to the member that these are amendments to the Public Health Act, but it strikes me that unless you have complementary or transitional consequential provisions relative to the Environmental Protection and Enhancement Act, you are essentially creating a vacuum, and that is my concern.

MR. LUND: It's coming. It's coming.

MR. COLLINGWOOD: Well, Mr. Speaker, the Minister of Environmental Protection has just announced that it's coming, but I have to say to the Minister of Environmental Protection that that's not good enough.

MR. SAPERS: So is Christmas.

MR. COLLINGWOOD: Exactly. So is Christmas.

What we need, Mr. Speaker, is legislation tabled in this Assembly that allows for the continuous and smooth transition from public health to the Department of Environmental Protection, and we do not get that in Bill 27. We do not get that in Bill 27. We do not have the situation where the transition is complete at the point where the waste regulation under the Public Health Act is going to be repealed.

Now, the specific situation that occurs in Bill 27 is that by virtue of section 22 of this Bill it purports to repeal the waste management regulation under the Public Health Act. Now, what's interesting, Mr. Speaker, is that under the Environmental Protection and Enhancement Act there is a specific provision that deals with waste management. That section requires that "no person shall dispose of waste on any land owned or administered by a local authority" – interesting that under the definition of local authority that includes a regional health authority – "except . . . a waste management facility established pursuant to the regulations made under the Public Health Act."

Well, Mr. Speaker, according to Bill 27 there will not be a regulation under the Public Health Act for a waste management

facility and the establishment or the regulation or control over that facility. What it means is that once this section is passed, there will be no waste management regulation in existence in the province of Alberta. It's been repealed, and there is no consequential amendment in this Bill to either transfer the waste management regulation to the Department of Environmental Protection or to create a new waste management regulation or some other scheme.

Now, I grant you, Mr. Speaker, that there is provision under section 178 of the Environmental Protection and Enhancement Act that would give the Lieutenant Governor in Council through that specific section of that Act the ability to create regulation. But that is not happening, and that is not spelled out in Bill 27. Unless hon. members can clarify this in speaking to Bill 27, we are about to create a situation where there will be no waste management regulation in existence in the province of Alberta.

There's a specific provision in the Public Health Act that refers to enforcement and offences. That particular section, section 81(1), says that "a person who contravenes this Act [or] the regulations . . . is guilty of an offence." There won't be a regulation, so go dump wherever you want to dump, go dump whatever you want to dump, because there will be no regulation in force in the province of Alberta.

Now, this whole debate that relates to section 22, Mr. Speaker, with the repeal of the waste management regulation under the Public Health Act is part and parcel of an ongoing process that has been designed to transfer control to the Department of Environmental Protection. Those who are involved in the area of waste management in the province of Alberta recognize that the Department of Environmental Protection is very much involved in the process today. They are involved primarily in the technical side while public health units are still involved in the decision-making side, but they rely on the technical advice from the Department of Environmental Protection with respect to siting, with respect to groundwater. That information is provided to the public health units, and then whether it ends at that point or whether it continues on to the Public Health Advisory and Appeal Board, the PHAAB, which many landfills in the province of Alberta have found their way to, nonetheless it is the public health unit people that currently are the decision-makers in siting and operation of waste management facilities, of landfills in the province of Alberta, but Environmental Protection is very much involved in the process.

What's interesting is that originally it was intended that this transition would be complete not so much from the side of taking it away from public health but incorporating it into the Department of Environmental Protection. It was originally contemplated that that process would be completed by March 31 of this year. Now, with the introduction of Bill 27, if that process had been complete, then we would have potentially seen the consequential amendments necessary to make the transition complete. But where it is, Mr. Speaker, is that the Department of Environmental Protection isn't going to finish its part of this transition until October. It isn't going to be April 1; it's going to be October.

What the Department of Environmental Protection is doing is not simply creating a regulation. They are creating guidelines, they are creating codes of practice, they are creating a very different regime than exists today under waste management regulation, but the process isn't complete yet. And I think the Minister of Environmental Protection will probably admit to members of this Assembly that the process is taking longer than had been originally anticipated.

The deadline for submissions on the discussion paper, as I recall

– and the minister can correct me – was December, and then there was to have been a completion of the process by March 31. The paper, which was entitled *The Proposed Regulatory Process for Municipal Waste Management Facilities under the Alberta Environmental Protection and Enhancement Act, and Alberta Landfill Operating Codes of Practice and Guidelines*, discussion paper, November 1995, received back some information – I would suggest there was not as much public input as there should have been – and received back some consultation about the direction that the department was going. But they do indeed set up a code of practice within the regulation and, under that, some guidelines.

I made a submission, Mr. Speaker, to Mr. Wayne Inkpen, who is the chairman of the Waste Management Regulation Transfer Transition Committee, on March 22, 1996. I have not received some correspondence back. I've not been able to participate further in the discussion, but I did lay out some of the concerns that I had expressed about what was going to be specifically in the operating code of practice and what was specifically going to be in the guidelines and some concerns that I had laid out about that.

So the process is ongoing. The process is ongoing as we speak. There are issues to be discussed about that regulatory structure that's going to be set up, some of which I can perhaps agree with and some of which I have some difficulty with. Nonetheless, the process is ongoing. If the process is ongoing in terms of an efficient, proper transition from public health to Environmental Protection, then let the process take place. Perhaps the Member for Lethbridge-West, who is sponsoring the Bill, can inform the Assembly as to why this is appearing now when the transition is not complete, when we put Albertans at risk by moving forward with Bill 27 relating to waste management facilities when we have not had the Department of Environmental Protection complete its side of the transition.

8:40

As I read it, Mr. Speaker, we will be creating a vacuum. We will be leaving a void where there will be no waste management regulation in existence in the province of Alberta. Now, the hon. Member for Lethbridge-West, the sponsor, may say, well, procedurally we may not proclaim the Act; procedurally maybe we'll wait for the Department of Environmental Protection to catch up. I still say that does not give this Assembly and the members of this Assembly the level of comfort they need that the process is going to work.

We have time and time again in this Assembly, Mr. Speaker, legislation that comes forward that contains consequential amendments. That identifies for members of this Assembly and it identifies for the public who are watching the work that we do a clear understanding that the transition is thorough and complete and closed off at the time that happens. That is not, unfortunately, the case we have before us this evening on the issue of waste management.

One of the things that is going to occur, as we understand it at this point in time, is that only a very small fraction of the waste management facilities that are currently regulated under the waste regulation in the Public Health Act will fall within the full approval process that will come forward from the Department of Environmental Protection after the transition takes place. Most of the landfills in the province of Alberta are going to simply have to follow a registration procedure. They will not even require an approval from the Department of Environmental Protection. They will not even require the need for public notice so that the residents in the area will know that a waste management facility is going in.

Presumably, somebody simply writes a letter to the minister and says, "I'm setting up a waste management facility, but it's less than the threshold volume of waste that will go into that facility," and that's all that's necessary. The minister writes back and says: "Thank you very much. Please follow the code of practice." But there's no notification to the public that a waste management facility is going in.

Now, if we are going to have a debate in this Assembly about the repeal of the waste management regulation as it currently exists, let's have the benefit of a debate about the other side of the transition. Let's determine whether or not the movement – well, one issue is the movement from public health to Environmental Protection. The second issue is the new regulatory structure that's going to go in once it's over in the Department of Environmental Protection.

On the first issue, which is essentially the issue we're dealing with today, it is my understanding that the Alberta Association of Municipal Districts and Counties had put forward at one point – I believe it was in 1993 or 1994 – a resolution that suggested the transfer of waste management from public health units to the Department of Environmental Protection. So there is some impetus in the communities that this change should occur because of the technical expertise that does exist within the Department of Environmental Protection. What also happens in the transition though, Mr. Speaker, is that there's no component left anymore for the consideration of public health in the operation and regulation of waste management facilities, of landfills.

It's one thing to recognize the expertise and technical abilities of the Department of Environmental Protection, where those resources occur, and it's another thing to simply cut off the Department of Health or public health entirely from having some involvement in the siting and operation and the decision-making about whether or not that waste management facility is properly sited and properly run. There is still a very large component of Health and public health as part of landfill management, but Alberta Health is being cut out of the process completely. I say: keep Alberta Health, keep public health involved to some extent. Let's have the debate about where their involvement should be. Some expertise in Health should be involved in that process as well as the technical requirements about the environment: the air, the land, the water, et cetera. There should still be some component about Health and public health involved in that process. There will be no involvement of Health in that process.

So it's one thing for the government in Bill 27 to say, "We are going to move entirely the regulatory and jurisdictional structure over to the Department of Environmental Protection," but that doesn't mean you necessarily have to slam the door on Health or public health in its involvement in waste management, waste facility regulation and management in the province of Alberta. That issue should still be explored.

The point of my comments I think this evening, Mr. Speaker, is that inclusion of section 22, that will repeal the waste control regulation at this point in time under Bill 27, is clearly premature. It is clearly premature, and what I would propose to the sponsor of the Bill is that if and when we move to committee stage that the government and the sponsor in discussions with the Minister of Environmental Protection, in discussions with the Minister of Health, and if he chooses or wishes in discussion with myself – my suggestion would be that section 22(d), which is the repeal of the waste control regulation, be deleted from the Act at this point in time until we have the ability to come forward in this Legislature with legislation that lays out the entire transition from

beginning to end from the Department of Health and public health under the Public Health Act and the waste control regulation clearly right on through to the proposals that the minister is proposing for waste control regulation in the province of Alberta under what he admits are going to have to be changes to the Environmental Protection and Enhancement Act and the regulations.

The executive summary from the discussion paper says that there will have to be changes, amendments, to the Environmental Protection and Enhancement Act. There will have to be changes to the waste control regulation. It is already contemplated that those changes to the Environmental Protection and Enhancement Act and the waste control regulation have to be made to make this transition work and to make this transition complete. If we do not have them consequentially to the proposal that is in Bill 27, then again I say that it is premature for us to proceed on that issue on Bill 27, and it should wait until the full transition can take place so that we can have the full debate.

As I say, Mr. Speaker, I will no doubt be involved in the debate the next time around when we talk about the changes and the amendments to the Environmental Protection and Enhancement Act. As I say, some of the things I'll be able to agree with, some I won't, and I'll be very happy to participate in that debate which will deal with some of the details about this change in the way landfills will be regulated and controlled in the future. But that's for another time. Let's not attempt to move forward with the repeal of the waste control regulation. The only source of regulatory structure that we've got in the province right now that will control these facilities until we have the other side of the coin and we see what all of those are: what the regulations will be, what the code of practice will be, what the guidelines will be, what will be included in each of those components and in each of those aspects.

So I leave that to the Member for Lethbridge-West, that we think about standing back from this particular aspect of the proposed legislation that currently exists in Bill 27, that we all get involved in that discussion, and we do it right when we do it.

Thank you, Mr. Speaker.

8:50

THE SPEAKER: The hon. Member for Leduc.

MR. KIRKLAND: Thank you, Mr. Speaker. I will add a few comments to Bill 27, the Public Health Amendment Act. I listened to the Member for Lethbridge-West describe the principles of the Bill, and that was to accommodate changes from the rural health units to the regional health authorities. Also, I listened to the member indicate that it removed the liability protection of registered nurses to be consistent with other health profession Acts, and certainly I think that's an important component. I recall the discussion about Bill 5 that we had in this Legislature, last session I believe it was. I was supportive of that Bill when it was introduced, having lived in a northern Alberta community and being very acutely aware of the services that nurses provided in the absence of doctors. So I could support that Bill wholeheartedly, and for the most part and most of the principles in this Bill I would support as well.

The one concern – and you've heard the hon. members over here speak of it – was the transfer of the waste management responsibility to the department of environment from public health. I listened to the hon. Member for Edmonton-Glenora indicate that there was no justification for the change. I was trying to envision why there would be, and if I heard the member

across the way correctly, there was a need to consolidate the legislation that deals with waste management into the department of the environment. Perhaps the justification is that simple. I'm not sure it is. You have heard some concerns expressed here about that particular component.

Before I move on to my thoughts on that waste management and the principle thereof, I would ask the hon. member to provide some clarification so I might have a better understanding of what was intended with the repealing of sections 18 and 19, and those deal with employees being able to contribute to a pension plan. Now, it would strike me that by repealing sections 18 and 19, we are removing the opportunity for employees of health authorities to actually contribute to some of the pension plans that were available previously. The ones that I would know from sitting on city council in Leduc were the local authorities pension plan and the management employees pension plan or the public service pension plan.

Now, by repealing those two sections are we depriving employees that work for health authorities an opportunity to participate in pensions? Maybe I'm reading too much into that. I would think that if in fact we are not giving employees an opportunity to look after their future through contributions to pensions, it may be a very large deterrent to attracting some very qualified people to those particular boards. So I would look for the member to provide some clarity to me on that particular issue. I've not heard it mentioned up to this particular point.

I'll go back and I guess probably reiterate some of the comments that were made in regards to the transferring of waste management or the responsibility for waste management facilities from public health over to the department of the environment. Now, my first concern when I heard that – and the environment minister may want to provide some clarity here. I understand there has been a tremendous number of employees shed from that particular department. I have heard the comment that they are having difficulty keeping up with their present workload, and in fact it would strike me that by putting more work or more regulatory scrutiny into their particular area of responsibility we may be arriving at a situation where humanly they just cannot respond to the demand of the work. So I would ask for some clarity there.

I looked also at some of the proposed regulatory processes for the waste transfer, and I heard the hon. Member for Sherwood Park speak of it. That was in regards to the approvals for landfills, and you will only need an approval for a landfill processing over 10,000 tonnes of waste per year. If you're actually going to process less than that, I understand that in fact there are some different rules there and there is not the requirement for public notification.

Now, the member may indicate: "Listen, Member for Leduc. The municipal governments still have control over that particular component under their land use bylaws." I would concede that perhaps that's the case. Having come from the municipal government side, I would indicate to the member that those decisions have a tendency to be a little more flexible. It depends on the pressure of the day and who can influence whom.

[The Deputy Speaker in the Chair]

Now, that certainly shouldn't be a responsibility I'm concerned about, but when you're dealing with disposal of wastes, it has a tendency, as the hon. Member for Lethbridge-West would know, to cause citizens a great deal of concern. We can look at the city

of Edmonton and the three- or four-year debate, maybe even five- or six-year debate, that's gone on in regards to their landfill site and the fact that no one wants it in their backyard.

When I look at the fact that the public would not be required to be notified of the creation of a landfill site in their backyard potentially, I have a large concern with that. It may be quite an unintrusive landfill. However, I think that if the hon. member were having a development like that put anywhere near his premise, certainly he would feel it's incumbent upon somebody to give him notification as such. It could be up and running before you even had an opportunity to counter it.

It does strike me somewhat like the environmental standards that we deal with when we look at refining in this particular province. If a refinery is putting less than one tonne of emissions into the air per year, they don't come under the close scrutiny or the same scrutiny as those refiners that put out more than that. What we're seeing develop in the landscape of Alberta today is the construction of a whole lot of little processing plants that don't put out that one tonne of sulphur, so they are able to sidestep some of the very harsh environmental standards that are directed to those that do produce more than one tonne of sulphur emissions per year. Now, in a conglomerate or amalgamated sense we know that we're achieving the same thing, but we're just giving somebody the opportunity not to come under focus. I'm looking at this landfill component as being very similar to that.

So I would ask the Member for Lethbridge-West, because I accept him as sincere in the Bill – and he used the term reluctantly that it would be housekeeping. Certainly, I think the lion's share of it is editorial or housekeeping and does not cause me a lot of concern. That transfer certainly does. I've dealt with that many times out in the Leduc constituency in many little different circumstances and even have traveled down to Red Deer to deal with some difficulties people were having with supposed lack of response from the public health unit. Now, if we put it over to the environmental department and you take into context my earlier comments – in fact I do believe that the department of environment employees for the most part do an excellent job, but I do believe that their plate, from what I understand, is very full. Clean air and clean water and clean land are certainly paramount in the province of Alberta, and we would not in any way like to see that particular component diminished.

The environment is foremost in everyone's mind today. We see young children in grades 1, 2, 3, and 4 becoming very educated and through their education process coming home to their parents and educating them on an environmental basis. So to diminish it to me would be very, very counterproductive to a lot of education and a lot of dollars that we've spent in our education system to ensure that as Albertans we're all very acutely aware of the sensitivity of people and the environment today.

I would ask the member to please provide good clarification about that transfer. The other members, members from Edmonton-Glenora and Sherwood Park, elaborated on it from a different viewpoint. I brought it down to a little more of a down-to-earth component that I think the average Albertan perhaps can relate to. So I would look forward, when he responds, to some clarification of the repealing of those sections 18 and 19. I think that there may be a very detrimental impact there.

I would like to hear the hon. member speak to the proposed regulatory process that is going to define whether a landfill site is processing more than 10,000 tonnes per year or less than 10,000 tonnes per year, and I would like to draw some comfort from the fact that we are not in this particular case attempting to weaken our environmental process through that division or through that arbitrary figure of 10,000 tonnes. I can't tell the minister that I'm

absolutely cognizant of what a 10,000-tonne landfill site would look like. I know that we have a very environmentally sound landfill component in Leduc. It has been planned to last some 22 years. It has been used as a model in many cases throughout the province of Alberta. They do a lot of on-site separation and recycling of many different components, from tires to used oil to refrigerators and discarded appliances and the used components in those. The electric components are all separated aside so there can be some recycling aspects to that as well.

So, hon. member, I look forward to hearing your elaboration on some of the concerns I've brought forward. Certainly I will listen intently to some of the clarification you provide to the hon. members for Edmonton-Glenora and Sherwood Park.

With those comments, Mr. Speaker, I will take my place.

9:00

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Highlands-Beverly.

MS HANSON: Thank you, Mr. Speaker. I'd just like to say a few words in regard to Bill 27. I was delighted to see that nurse practitioners are finally being recognized as first-class practitioners after having been treated otherwise for a long time. The nurses with advanced training have been treating for many, many years patients when no doctors are present. People in the north or people in isolated areas have trusted them just every bit as much as you trust a doctor. But when it came to the city, for some reason it was felt that they couldn't do anything without a doctor being present or that they couldn't even have their own liability insurance, because liability was on the part of the doctor they worked for.

I recall about 15 years ago when I worked in a community health centre in Edmonton that we hired nurse practitioners to team with our physicians. They did mostly outreach work. Sometimes when they were out visiting, they were forced or required to do some treatment. At that time, when we tried to get them liability insurance, we were told by the College of Physicians and Surgeons that it was the doctor they worked with who would be liable. It always seemed to me that that made them sort of second-class professionals. So in reality I'm pleased to see that the nurses are finally being treated like first-class professionals and that they are becoming more and more commonly recognized in urban areas as well as in rural areas in cases where there is no doctor present. So I'm very pleased with that part of the Bill.

As most of my colleagues are, I'm concerned about the section on public health being no longer part of the regulations for landfill sites. I agree that we shouldn't vote in favour of this Bill until the waste management regulations are in place. That makes me really nervous to think that there will be a gap. As well, the whole business of public health, the input of public health is quite different often than that of the technicians, both equally important.

I had an experience during my time on a board of health when we spent a couple of years on the board trying to decide whether to approve a permit that the municipality had given for a landfill site close to the North Saskatchewan River. So we solicited information from many experts, from the federal government, from the department of I believe it was fisheries and water or fisheries and rivers or something, and also from the provincial department. Then, of course, there was the public health side, the side that was a concern for the citizens downstream as well as in the city. The information that we got was very, very different. I felt that when we'd finished, we had the whole picture, but with only the technical information or only the people who looked at

waters and fisheries, it would not have been complete. For me, I would really feel strongly that we must have regulations in place and that public health needs to be involved as one of the components of the decision-making.

Thank you.

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

MR. BRUSEKER: Thank you, Mr. Speaker. I, too, want to make a few comments about Bill 27, the Public Health Amendment Act, 1996. The previous speakers have raised concerns about the issue of regulations, raising the concerns that they are once again absent from this particular Bill. We have a number of sections in this Bill, as I'm sure you're aware, that make reference to regulations and the fact that those regulations will determine to a large extent exactly what services are going to be and not be provided by the Minister of Health.

Mr. Speaker, the sections here talk about things like extended health care services, what it is that nurses may in fact do and not do, but all of the details, if you will, the nitty-gritty is yet to come before us in the regulations. I think this a concern to me. It should be a concern, I would say also, to those health professionals who are suddenly going to perhaps see a change in their ability to provide services or in the means and the mechanisms by which those services will be provided, if we don't have the regulations before them. So I'm wondering: are there even draft regulations that could be introduced in the House? That has occurred in the past. It would be nice to see even some draft regulations produced.

For example, Mr. Speaker, section 9 refers to regulations and the services permitted under those regulations for registered nurses. Has there been discussion with the AARN, the Alberta Association of Registered Nurses, for example, with respect to those regulations? Now, if the regulations are a work in progress, I would derive some comfort from that, if there are negotiations that are ongoing between the proponent of the Bill and in this case, as I said, the AARN, with respect to what it is their job description will really entail.

If that process has not yet begun, Mr. Speaker, then I would suggest that in a sense we are putting the cart before the horse, saying, "Well, we're going to fix it up in the regulations down the road, but that process has not begun." So it seems that there should be two, if you will, parallel tracks that should be occurring here. One obviously is the legislative track, but the other is the regulatory track. I'm wondering if the regulatory track is keeping up with the legislative track, or is one farther ahead of the other one?

In section 10 the Bill talks about what it is the minister may provide and may not provide, and there's a broad reference there once again to regulations, Mr. Speaker. This does provide some amendments to what it is that is going to be provided. I guess I would have to wonder why the change in wording is considered to be an improvement. The Bill before us is an amendment Act that changes the current Public Health Act, and I'm wondering why it is that the wording has been changed. When I look at what is provided in that particular section, it seems to me to be saying very much the same sort of thing, so I'm rather puzzled by that particular reference.

Mr. Speaker, the government has moved to change the delivery of health care in this province with the creation of regional health authorities. I guess that the goal there is to streamline and eliminate duplication, and I can see that has been happening. That streamlining and elimination of duplication has certainly

created I think a number of anxious moments, shall we say, for people in the health care professions. I hear that, I must say, on a regular basis when I go home and speak to my wife, who is involved in the nursing profession and has been for I guess some 18 years now. People are getting bumped along, and there's all of that internal stuff that's happening.

One of the things I see in the Bill is of course that it allows for inspection of regional health authorities by the minister. But I'm wondering in there if there is some consideration being given to the idea, to the concept that much of the upheaval that is being imposed, if you will, upon regional health authorities is in fact coming from the government itself. So by saying in section 15 that "the minister . . . may make inquiries" and enter and inspect any place, much of the changes that are occurring are of course occurring as a result of direction from the government.

Now, the government is restructuring all of this, and again I'm wondering if this is putting the cart before the horse, or are we doing things the right way around? The government is mandating to the regional health authorities by enveloping their money and saying: here's what you may spend, and here's how you will spend it in terms of X number of dollars for cardiac care, Y number of dollars for internal medicine, another figure for podiatry, and so on and so on. Then, coming back again, it seems that in this section there is considerable – I don't want to use the word "interference." But the minister is directing it. Then it seems to me that the Auditor General is the person who should be checking to see that the dollars are being spent in the appropriate fashion.

9:10

I'm wondering why it is that in here there is a section that talks about examining the records of a regional health authority with respect – and I'm presuming here that this deals with the expenditures of funds of that regional health authority. I'm wondering why there's not a reference with respect to the Auditor General, because it's the Auditor General, to my way of thinking, who should be doing the review of how the money is spent. If the government on one hand says, "Here's how you're going to spend it," then the Auditor General should be charged with the task of reviewing to see if that's indeed how the money has been spent. I'm not saying that I necessarily agree with that process, but I guess I'm raising the issue of why we don't have that reference in this particular piece of legislation. It seems to me to be something that is missing.

Mr. Speaker, the Member for Sherwood Park made some reference to section 22. As I read through section 22, it's perhaps one of the larger pieces, and it repeals a number of pieces of the Public Health Act as they currently exist. Many of the sections that are being repealed deal with the issue of financing, if you will, deal with the issue of setting regulations. The section begins with: "The Lieutenant Governor in Council may make regulations." Then portions are being deleted saying: now it is no longer the Lieutenant Governor in Council's responsibility to make those regulations. By removing certain sections, I am concerned that regional health authorities may get themselves into a bind. For example, one of the sections deals with making "a financial commitment without the prior consent of the Minister." Now, if you remove that section, then it seems to me that the door is being left open for a regional health authority to go ahead and start making those kinds of financial commitments.

My concern would be that we've heard from a number of regional health authorities, most recently the Capital health authority, saying that they don't feel they have had sufficient

funds. Now, on one hand the government has moved, and I would suggest correctly so, to eliminate the deficit, to balance the budget, but they have done so by cutting funding, by cutting expenditures to a whole variety of government departments, including of course the Department of Health.

If the regional health authorities say to themselves, "Now we will have the authority to go ahead and borrow," are we facing the potential situation where deficits are going to be simply transferred from the government to the regional health authorities and that once we eliminate the broad number of sections that deal with things like accounting policy, investment of funds, borrowing of money, disposal of assets, all of those things are now going to be deleted in this Bill? That will open the door, to my way of thinking, for regional health authorities to start getting involved in things that quite frankly I don't think they should be involved with. Regional health authorities should be involved with the delivery of health services and health care to Albertans. By eliminating this section that covers the issue of financing and borrowing and so on, it seems to me that regional health authorities are now going to have an opportunity – and I use the word "opportunity" with some concern – to get into the whole issue of financing. I don't want to see a little deficit in the Capital health authority, in the Calgary regional health authority, and so on and so on 17 times over. So I'm wondering if there will be some control elsewhere. I'm not trying to cast any aspersions on any of the individuals in any of the health authorities. I'm concerned about financing, Mr. Speaker, and that's the issue that I'm trying to raise.

Mr. Speaker, just two other comments, I guess, that I want to make. The Minister of Environmental Protection has said that once some of these things are taken out of the Public Health Act, they will reappear at some point in the future in the Environmental Protection and Enhancement Act. It seems to me to be imprudent, to say the least, to abolish one set of legislation before you have something else to replace it.

You may recall, Mr. Speaker, that the same individual piloted a Bill through this Legislature called the Safety Codes Amendment Act, that combined seven pieces of legislation into one that we now call the Safety Codes Act. One of those sections dealt with boilers and pressure vessels, and I recall the debate well because I was much involved with the debate at the time. All of these were going to be repealed and then new legislation phased in in sections.

That particular section that dealt with boilers and pressure vessels – I'm sure you're aware that boilers can be very, very explosive if not properly maintained. What ended up happening, finally, was that there was an amendment to that particular piece of legislation that the old pieces of legislation would be stepped out as the new pieces of legislation were stepped in and we would not have a vacuum, which was in the original proposal. The member at the time saw the light and made an amendment to the Bill making sure that what we had was something being phased out and something being phased in at the same time so that we had continuous coverage. If the original proposal had gone through, indeed we would have had a vacuum where there was no regulation and there was no legislation governing boilers and pressure vessels.

Mr. Speaker, we have a similar kind of a situation with this particular Bill, where if we don't have a replacement piece of legislation come in, indeed we will have a vacuum for some time. This is not a criticism, to the member who is introducing this Bill. What it is, perhaps, is raising a concern on the other side of the

issue. I would suggest that before we see this Bill proceed past third reading stage, we should at least have the companion, the complementary piece of legislation introduced in this House to offset that.

I guess the one question that I did want to raise is on that one particular section that is going to be repealed with respect to the Lieutenant Governor in Council making regulations about livestock and poultry. I'm wondering why we're taking hogs and chickens out of the Public Health Act and leaving other things like camps and campgrounds in there. It just seemed kind of a peculiar thing under section 22, and I thought I'd just ask a question about that one. [interjection] Well, they're being taken out of here. It just seemed like kind of an odd one to have in here, so I thought I'd ask that question. All of a sudden out of the list of some things that one is being pulled out of there. So I ask that question really just for information's sake. It seemed a bit unusual, Mr. Speaker.

With that, I'll close my comments. Thank you.

THE DEPUTY SPEAKER: The hon. Member for Calgary-Bow. Oh, sorry. Calgary-Buffalo.

9:20

MR. DICKSON: Thanks, Mr. Speaker. Wrong side of the river.

Mr. Speaker, I've got primarily two concerns with Bill 27. The one I want to explore is perhaps a little different than most of the focus of the debate to this point. My concern focuses on section 15 of Bill 27, the proposed new section 30. I guess the thing I find of interest there is that we see a very broad, a very expansive power given to the minister to be able to look over the shoulders of the regional health authorities "for the purpose of verifying the accuracy of reports and ensuring that this Act and the regulations are complied with." This is a very, very broad power.

Now, what's of interest to me is that we create this sort of monitoring provision over the regional health authority. I'm still waiting for the hon. Minister of Health to respond to something I had raised on several occasions, and it's this. The Calgary regional health authority has a budget which is only a few – well, it's relatively close to the total operating budget for the municipal corporation of the city of Calgary. At least the city of Calgary is bound by provisions in the Municipal Government Act that allow citizens of the city of Calgary a very limited, a very modest right to be able to access information. I think what distresses me is that regional health authorities are not subject to the Freedom of Information and Protection of Privacy Act, operating completely independent of it – the Hospitals Act and the Alberta Health Care Insurance Act are completely outside the scope of the Freedom of Information and Protection of Privacy Act – yet here we have an opportunity to address it, because section 15, of course, relates to regional health authorities not just in terms of public health but in terms of all elements of their jurisdiction and anything within the envelope of their powers.

So how is it, Mr. Speaker, that we're able to take steps to rein in and ensure this kind of an oversight by the minister of what the regional health authority does, but there isn't the same sort of concern, motivation to ensure that individual Albertans, whose tax dollars are at stake, whose health care delivery is at stake, can access information? It seems to me that what we've really got here is more evidence that the government is more concerned, dramatically more concerned, with internal monitoring of information than sharing information with consumers of the service and with the people that ultimately pay for it.

I just find it interesting that although the minister said that she's

been looking at the Hospitals Act and the Alberta Health Care Insurance Act to look at what we can do about giving Albertans information about what is happening in the regional health authorities and the Minister of Public Works, Supply and Services said in question period that he's looking at it and they're reviewing it, there's no movement. There's no legislation coming forward. There's no policy change. The government is sure there in good time when it comes to ensuring that information flow between the closed RHA and the Ministry of Health. I mean, that pipeline of information back and forth is protected and guaranteed and buttressed and enabled.

Where's the pipeline of information to Albertans, Mr. Speaker? I expect that the sponsor of the Bill is going to say, "Well, that's another issue, and it can be dealt with at another time," but they're two sides of the same coin; aren't they? If we're talking about the responsibility for information and reporting and accuracy of reports, if we talk about that on the one side from an administrative standpoint, why aren't we at least equally concerned with it from the broader perspective of public access to information? I just have difficulty with what appears to me to be an administrative preoccupation with what makes the machinery of government run better instead of what puts information into the hands of individual Albertans about something as vital as their health care and delivery of health care service. So I wanted to express that disappointment.

I guess the other thing I'd just say so that it's understood is that the records of a regional health authority are not limited to what we might regard as sort of the public health component. The new section 30 would cover every record, as I read it – and maybe the sponsor of the Bill can point out where I misunderstand. Every record, for example, that the Calgary regional health authority has is subject to this proposed new section. Every record they've got. Not just things that would formally be public health records, but everything. It would strike me that this would be the absolute appropriate and suitable place to address at least a limited right to access information which is at least as open as the provision in the Municipal Government Act, passed since the 1993 election.

I think there's nobody in government that doesn't understand the concern Albertans have with changes to health care, the importance Albertans attach to the health care system and delivery. What I find in the city of Calgary is a great deal of concern, particularly in the inner city, in terms of what kinds of information the RHA is looking at, relying on, and making the major changes they are. Calgary city council can't obtain all of the information they want, and I'm afraid the set-piece public meetings that are held by the Calgary regional health authority don't address the concern I've expressed either.

I'm going to suggest – and I'll raise this again in committee; in fact, I may consider an amendment to this effect – as an interim measure, because there's an expectation I think on both sides of the House that regional health authorities at some point will be subject to the Freedom of Information and Protection of Privacy Act, that we take a provision roughly analogous to the provision in the Municipal Government Act in terms of accessing information, build that in as part of section 15, the proposed new section 30. It doesn't go far enough, it doesn't meet all the tests, but at least it would be a modest, limited way of letting Albertans in to see what's going on. I'd just come back to my original thesis which is: it's fine for the government to be concerned about the government's access to information, but how could we possibly put that on any higher plane than the right that Albertans have to access information? So that's the one concern I have.

Now, the second concern is something that has been touched on before, and that has to do with section 22(c). Actually, before the Bill had been introduced, I had received a call from a constituent. I'll say parenthetically that I'm no longer surprised anymore at the number of people in downtown Calgary that have a keen interest in environmental issues outside of the city.

The concern that was expressed to me I'll put this simply. When the Department of Health was responsible for the kind of sites referred to in section 22 – and I'm referring here to the waste management facilities, when there was a public health responsibility to supervise that – the department put in place inspection programs. They had a system in place that provided reasonably comprehensive, rigorous scrutiny of health standards to ensure that the standards were met. What had been pointed out to me by this constituent was a concern that by taking it out of the purview of Health and ultimately putting it under Environmental Protection, it was going to mean a degradation in the quality of supervision and inspection. This constituent pointed out to me in his comments: why would Albertans want to see any degradation in the quality of supervision and inspection of waste management?

I've listened to representations that have been made in support of the Bill from the individual propounding Bill 27, but I've still not heard anything other than what's going to convenience the administration and the supervision tasks. This is somewhat parallel to the concern I raised when I was talking about section 15. Once again we have a Bill that seems to be focused on how you manage things, how you make it easier for the managers, how you make it easier for the administrators. The proposed amendments don't seem to be animated by the kind of concern and commitment to public protection and public safety, which once again at least has to rank as high as the interest in administrative efficiency or perceived administrative efficiency.

9:30

I wanted to express that concern. I know that I had provided this constituent with some material, and this constituent is quite resourceful, has done some research on his own, and in his advice to me everything he's found confirms his belief that we're moving to a reduced, diminished standard of inspection and that that will be to the long-term disadvantage of this province and citizens of the province.

Those are the concerns. Certainly I'm considering some amendments before we finish with the Bill, but I'm also hopeful that the mover of the Bill can address those two concerns in terms of access to information and then the protection relative to section 22. I fully support and adopt and incorporate by reference the suggestion you've heard earlier about the regulations being drafted and circulated in draft form, another excellent opportunity for the Standing Committee on Law and Regulations to be activated and charged with the responsibility to look at the regulations before they become law.

Those are the particular comments I wanted to make on this Bill at this time. Thanks very much, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Lethbridge-West to conclude debate on second reading.

MR. DUNFORD: Yes. What I'd like to do, Mr. Speaker, if I can, in closing debate is to try to address as sincerely as I can some of the concerns and if there were questions if I have those answers tonight to provide them.

The Member for Edmonton-Glenora began his discussion with a reference to timing, and I have a certain amount of empathy for

what he was indicating. I think the situation often is, at least it's been my experience, not only as a member of this government but certainly in my own private life, owning a business, that when you're in times of financial crisis, which I believe we were in 1993, some very quick moves have to be made, and we made them. I think, though, that the defining moment for this government is every time as we get down the path, as we see where we've gone off the track to a certain extent or where there's a hole in the road or whatever, we are human enough and honest enough with the people of Alberta that we say, "Oops," and then we go back and fix it.

I will agree, then, this evening with the Member for Edmonton-Glenora that in Bill 27 there is an element of that. That doesn't make me feel in any way embarrassed. It actually makes me feel even more human and perhaps even better that you're allowing me the opportunity to point that out to the people of Alberta.

The member also commented about the waste management side, but with all due respect, I felt that the Member for Sherwood Park articulated the situation, at least the way I think and see things, in a clearer way, and I want to try to deal with that if I can. In the listening that I did to the Member for Sherwood Park, I felt that he dealt with some of the specifics rather than the principles, but that was the first note I made. Of course, I don't have a prepared speech as I go through, Mr. Speaker. I'm simply reacting now to the notes I was making as they occurred.

In part of his argument he was detailing the variances of the sort of skills that would be brought to a decision by public health and by the representatives of Environmental Protection. Actually I found after listening to his comments – and the note I made was that he in fact made it clear for me that really it should be Environmental Protection where this responsibility should be. I think that what we are talking about in the '90s in terms of environmental protection is that we have an ecology here that consists of human beings, that environmental protection is no longer just flora and fauna but it's us as well and how we deal with that. I'm becoming more convinced that this basically, you know, is a good move in that we are shifting it to Environmental Protection.

I am, however, impressed by the notion that this Bill is just going halfway and there's still, then, a blank spot in terms of getting the full transition through. I can't give a good answer for that. I believe that the member himself perhaps gave an answer by saying that it might be the timing of the proclamation. I want to indicate to the member that I'll accept the responsibility of talking to both ministers, meaning the Minister of Health and the Minister of Environmental Protection, on either end of this transition to deal with and to bring up specifically the argument you're making and for me then, before I again speak on this matter in this House, to be satisfied with the answers I get so that I can then expound upon them when it's next my turn to speak. In fact, you may have a situation here that we need to develop a strategy for. So I appreciate the member's articulation of that.

Most of the other speakers, then, dealt particularly with that waste management area. Member for Leduc, I don't know if this is a specific answer to your question, but my belief in terms of the public notice for landfills is that that would be accomplished by the public notice in terms of the land use bylaw, and that, of course, I'll want to check as well. I cannot comment to you about the 10,000 tonnes. My knowledge of this particular topic does not extend to those specifics.

You did have a concern with the repealing of sections 18 and 19, about allowing contributions to the pension plan. You are

reading too much into that. This is now covered under the Regional Health Authorities Act, so it's not required, then, in this Bill.

I might just say that this is not an omnibus Bill. Many members brought up a lot of situations that would be, you know, certainly tied to, ancillary, a part of, complement this particular Bill, but it was not my task in this Bill to try to deal with them.

Edmonton-Highlands-Beverly. I want to agree with her; I believe that nurses are first-class professionals. I've been on record publicly if not in this House as encouraging more scope of practice for registered nurses. I have supported that to this point, and I will continue to support that.

I think her other concerns again were on waste management.

9:40

Calgary-North West. I want to indicate to him that in the context of what we've been dealing with here with the registered nurses, the AARN has been part of the discussion and in fact agrees with removal of that liability. I also want to express some empathy, though, with the point you're making. Having spent 25 years in human resources, most of that in labour relations, I understand exactly what you're saying. Alberta has always had a very, very conservative labour Act, but the actual regulations and the administration of those regulations by department staff have been quite liberal, almost socialistic. So you're keying in on a point. It is not my job through this Bill, however, to change the process, but within the context of this presenter of this Bill let me say that I do have some sympathy with what you're saying.

Talking about job descriptions in terms of, you know, the registered nurses again, it was not meant for this Bill to deal with that. The Auditor General's task is elsewhere and doesn't have to be dealt with in this particular Bill.

The last thing I want to do is for Calgary-Buffalo. In terms of the authority of the minister, all I can say to you is that I can't imagine, under a situation where we adhere so closely to the Canada Health Act and where we fund the medical health services in this province a hundred percent, that there would be a document that would be in the possession of a regional health authority that would not be available to the minister.

So with that, Mr. Speaker, I would like to move second reading of Bill 27.

[Motion carried; Bill 27 read a second time]

Bill 28

Dependent Adults Amendment Act, 1996

THE DEPUTY SPEAKER: The hon. Member for Olds-Didsbury.

MR. BRASSARD: Thank you, Mr. Speaker. I'm pleased tonight to move second reading of Bill 28, the Dependent Adults Amendment Act, 1996.

The amendment Act that I'm presenting provides further safeguards for dependent adults, increases the efficiency of the courts, and reduces expenses for dependent adults, their guardians and trustees.

The Dependent Adults Act itself was proclaimed in 1978. In 1993 the Chief Justice of the Court of Queen's Bench and the Deputy Minister of Justice asked this government to review the procedural aspects of the Dependent Adults Act. So a committee was formed, Mr. Speaker, and they reviewed the Act, and they made some recommendations. The committee itself was well represented with members from the Canadian Bar Association, the

Law Society of Alberta, two justices, Rawlins and Trussler, the Public Trustee's office, the office of the Public Guardian, as well as the Department of Family and Social Services. So you can see that it was well represented.

Based on this committee's input, we recommended the following amendments, which fall into basically three categories: changes which provide additional safeguards for dependent adults, changes which clarify areas of confusion, and changes which increase the efficiency of the courts. I'd like to highlight the areas where the impact of the proposed changes is significant.

As a result of these amendments, guardians and/or trustees can be appointed without appearing before a judge. If the case is straightforward and nobody objects, this change to the legislation, Mr. Speaker, would mean that a formal court hearing would only need to take place if an application is contested, similar to the procedure used for uncontested divorce as a matter of fact. Doing away with the formal hearings in open court for uncontested applications is intended to save costs while providing for more efficient and effective review by the courts.

The next amendment deals with a person needing a guardian and/or trustee immediately and the physician's or psychologist's report cannot be obtained. Then the court can make a time-limited guardianship and/or trusteeship in order to deal with the emergency situation. Mr. Speaker, this recommended amendment allows the court in the case of an emergency to appoint a guardian or trustee for a limited time without the report from a physician or psychologist. Sometimes the proposed dependent adult refuses to see a doctor, and the required report cannot be obtained. At the same time, the applicant is aware that the person or the estate of the proposed dependent adult is in jeopardy, but they actually have no opportunity to act or authority, for that matter. This amendment would allow for the protection of the person or the estate of the dependent adult in emergency situations.

The next amendment deals with a trusteeship order when it is being prepared, and the court can also grant authority for a trustee to deal with two additional property-related issues. At the moment each matter needs separate court applications. This amendment, Mr. Speaker, gives the trustee the power to proceed with issues without having to go to court for additional orders. This means only one court appearance. The amendment will allow a trustee to perform these property-related tasks without the need for this court action.

Finally, Mr. Speaker, the Act will provide more protection for dependent adults by allowing the court to look into an act or any wrongdoing of a trustee. When the trustee is investigated, then they would be ordered to reimburse the dependent adult's estate. This amendment would allow the courts the ability to investigate and rule on complaints or claims against trustees. A trustee may be required to reimburse the state, as I mentioned. This change will assist people dealing with the Dependent Adults Act by providing the forms of relief available against trustees.

Mr. Speaker, that pretty well wraps up the substance of the Bill. I urge all members to support these amendments. Certainly dependent adults and their belongings will continue to be protected. There will be more efficient use of time for all parties involved, and we will have clearer rules about what guardians and trustees can and cannot do.

I urge all members to support this Bill.

MR. DICKSON: Mr. Speaker, this is an excellent Bill. It's a Bill that I'd encourage every member to support. I think this is in fact a Bill which genuinely and accurately responds to a whole range of needs and circumstances that have been encountered in the past.

It's constructive, it's thoughtful, and remedial in absolutely the very best sense.

I think there are a couple of observations I'd make without in any way suggesting that this Bill shouldn't be passed and brought into law with considerable dispatch. The one concern I raise is this: it's the fact that we still have a Surrogate Court. This whole Bill refers not to the Court of Queen's Bench but to the Surrogate Court. I think there had been a suggestion in the Miscellaneous Statutes Amendment Act of, oh, I think it must have been three years ago. There were a whole series of changes to the Surrogate Court rules, and I remember suggesting at that time to the Chief Legislative Counsel for the Department of Justice, Mr. Pagano, that this was an excellent chance for us to eliminate what really is a redundant court. To members, judges sit as a justice of the Court of Queen's Bench; they're also a member of the Surrogate Court of Alberta. Why do we still have two different courts? The reality is that at the time the district court merged with the Supreme Court trial division, in order to ensure a measure of payment to those judges after the merger of the court, we continued to have this Surrogate Court appointment.

You know, at a time when we're looking to rationalize, to simplify, to make our system of law more accessible and easier to understand, we have a really good opportunity here to consider whether it isn't high time to simply do away with what is a separate court only in name with a whole separate set of rules. Why don't we just say that we've got the Court of Queen's Bench? We still have the legislation, but we can end this myth, if you will, that we somehow have a separate court going on. I'd be interested in the observations of the Minister of Justice. He may feel that this is a collateral matter, and he may well take the position that we can pass the Act and leave the Surrogate Court there.

9:50

Clearly I'm going to vote for the Bill in any event, but I just want to make the point again, because this particular Act defines to a large extent what the Surrogate Court does. It seems to me that if you believe in a simplified legal system, a system that's more understandable, that's more accessible, one of the things you do is that you don't have a whole bunch of duplicate courts, if you will, just maybe dealing with a little niche area. It's the same judge. It's the same court clerk. It's the same courtroom. So I want to make that request, and I'm confident the Minister of Justice will give it his characteristic and consistent careful attention.

Mr. Speaker, I guess the other concern – it isn't a concern; it's a thought – is this. Section 3 is very good. This is a new section, 3.1, with the provision for the emergency order. I guess my question is: what if any is the tie-in with Bill 35? Bill 35 is, I think, the old Advance Directives Bill now under the Personal Directives Bill, but it deals with the whole living will concept. In that Bill we haven't set out the second-tier stage of people who would have the power to in effect carry out an advance directive or whatever it's called in that Bill. I'm wondering: have we trimmed that Bill down because of the ease and the timely way that people can now get an emergency order? I'm interested in the tie-in there. I've talked to some of the people who were part of the interdepartmental committee that looked at this and worked it through. I'm just interested in their comment in terms of what the tie-in is there, because when we're going to deal with Bill 35 later, these two Bills to some extent are sort of hand in glove, and I'd like an explicit statement in terms of what the connection is.

The other comment I relay is that there's been a question if it

was possible to harmonize to a greater extent section 6 and section 14 so that the rules in terms of a review of a trusteeship order are more similar to a review of a guardianship order. I've talked to one of the people involved in the working group at the departmental level, and the response I got when I asked that question was that they're harmonized as much as is felt logically and legally possible. I want to raise that concern, though, and invite the comment of the sponsor of the Bill in terms of whether in fact he's satisfied that we've exhausted every effort to try and harmonize and make consistent section 6 and section 14 applications.

I think the other thing I'd simply say – and this is to pay tribute to the departments and the staff and the researchers involved – is that there's scarcely a situation I can think of which has been problematic in the past with dependent adults' applications that hasn't been cured, that hasn't been addressed in this Bill. I just can't say how impressed I am with the responsiveness of government in this instance with this Bill, because it really is an excellent piece of legislation. I'm hopeful I can get answers to the concerns or at least to the questions I've raised, but I'm looking forward to speedy passage of this very excellent Bill.

Thanks, Mr. Speaker.

SOME HON. MEMBERS: Question.

MR. KIRKLAND: Mr. Speaker, I will have a few brief words, as I always do when I'm on my feet here. Some members should actually stand up on their feet instead of just sitting there yelling "Question." They might learn something.

[Mr. Clegg in the Chair]

Anyway, Mr. Speaker, I will speak to the Bill in a positive sense, and I will support the Bill. I listened to the Member for Olds-Didsbury indicate the intent of the Bill and the spirit of the Bill, and certainly that's easy enough to accommodate and easy enough to support. It's talking about simplification of the process. As an MLA of course you are thrown into all sorts of different situations, and this was one that I was thrown into shortly after I was elected. In this case here the guardian was having great difficulty with the person that she was the appointed guardian for, and there was a need to unlock that particular conflict so that in fact the process could continue on in a very efficient manner. With two people butting heads, as it was in this particular case, the process had ground to a halt, and the person was not receiving the proper and due care that was required.

So as I delved into it and attempted to put a handle on it and unlock it, I found that it was very cumbersome and it was very difficult to bring any immediate response or any immediate resolution to the conflict. I did have a large concern for Carol and her care, in this case in the city of Leduc, and the fact that there was a need to move quickly and ensure that there was no break in continuity of care and the management of her particular affairs. As it was, it was a great learning experience for me.

Certainly the Bill, as I listened to the Member for Calgary-Buffalo indicate – and I always take the lead from Calgary-Buffalo, because he's a very astute member and has a great background in these areas. So I would compliment the member for bringing the Bill forward. I would indicate that I have stood and supported several of his other Bills here. They generally deal with getting regulation out of the way and simplifying it. When I see a Bill that simplifies a procedure which has in the past made

it difficult for guardians and trustees, then in fact it is certainly to be supported.

With those few comments, Mr. Speaker, I will take my chair.

MR. BRASSARD: First of all, Mr. Speaker, I'd like to thank my colleagues for their comments regarding this Bill and the support for this legislation.

I agree with the member's comments about the Surrogate Court. I think it's something that perhaps we need to look at. I can't help but feel that that's for another day and another debate.

The Personal Directives Bill, Bill 35, that the member was referring to is a very complex piece of legislation. What we've tried to do in this Act is deal solely with emergency situations, not long-term situations, so the Bill proposes a very limited time to apply this particular amendment. Consequently, I think we're talking about two different issues in that area.

The point raised about sections 6 and 14 could very well be valid, and I will commit to go back and look at that another time to be absolutely certain that there isn't something we could do further. I know we looked at it, but we'll have another look at it, and if it can be condensed, then we will do so.

With those comments, Mr. Speaker, I would call for the question.

[Motion carried; Bill 28 read a second time]

10:00 **Bill 30**
Health Statutes Amendment Act, 1996

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

DR. OBERG: Thank you, Mr. Speaker. The Health Statutes Amendment Act actually amends three pieces of health legislation . . .

AN HON. MEMBER: How many fingers?

DR. OBERG: Seven. [interjections] That's right. . . . the Hospitals Act, the Nursing Homes Act, and the Regional Health Authorities Act. A lot of this is legislation that is intended to disestablish the hospital districts and move them towards the regional health authorities. There are other issues in this Act, and if I can, I'll attempt to go through them point by point at second reading.

Realistically, the Hospitals Act is needed to be changed to reflect the changes resulting from health care restructuring, and to facilitate further restructuring, several provisions of the Hospitals Act required this amendment. All hospital districts have been disestablished, and subsequently regional health authorities have assumed the responsibility. As a result, any reference to hospital districts is taken out of the Hospitals Act.

Requisitioning is probably the main point in this Bill, and under this Bill regional health authorities will not have the power to requisition. This is a new requirement, and it's a new policy that's been brought forward. They do not have the same authority that they had in the old Hospitals Act to requisition for local improvements. This has been eliminated completely.

The allocation of surcharge revenue, Mr. Speaker, is basically a regulation-making power respecting the disposition of fees for goods and services when foreign residents come to Canada for their health care. The immediate question that springs to mind considering the environment in Alberta today is a situation such as Hotel de Health. What this regulation actually is: when

travelers, when tourists come to Alberta, if they do happen to partake in our health care system through accident or illness, there is a charge for that that is paid back by their insurance company or their respective governments. This regulation-making power will allow the minister to make a formula for how these revenues will be distributed around the province. Just to give you an example. The question becomes: if the hospital providing the service is getting paid the surcharge amount, should they keep all of it or should it actually be distributed back for distribution among all hospitals? That's what we will be dealing with.

Mr. Speaker, there are also issues in the responsibilities of the medical staff and the medical staff bylaws. One of the issues that has come up is that there are governing bodies other than regional health authorities, and those governing bodies are essentially nonregional hospitals. The equivalent in Edmonton would be the Caritas group. The Caritas group does have the ability to have their hospital staff be governed by the medical staff bylaws of that hospital. In the old regulation every hospital needed medical staff bylaws. What this amendment does is it allows for more than one hospital to have the same medical staff and subsequently and consequently the same medical staff bylaws, and again a good example in Edmonton is the Grey Nuns and the Misericordia hospitals. Rather than having two separate appointment procedures, two separate sets of medical staff bylaws, this amendment allows for one medical staff appointment procedure and one medical staff bylaw.

Another very important issue that is being put forward on this is the whole idea of professional staff. As we know, physicians are not the only ones that will be having admitting privileges to hospitals in the future. We have taken the liberty of calling this "professional staff," and we have put the definition of professional staff in regulation. Given the history of the problems that the opposition has with regulations, I'll give a bit of a background.

Ten or 15 years ago if anyone in Alberta would have thought that midwives would belong to professional staff, they would have said, "You're crazy." Well, it's quite likely that professional staff will be midwives. It's quite likely that professional staff could be chiropractors. The reason that it is in regulation is we do not feel that it is necessary, nor should it be, that we bring back every change to the professional staff and have it brought to the Legislature in the form of legislation. Rather, it's much more time saving to have it in regulation.

To get back to the medical staff issues, one of the biggest ones and I'm sure one that I would target if I were the opposition, one that does need some explanation, is actually section 29(d) in the Hospitals Act, which states:

The medical staff of an approved hospital . . . is responsible for making recommendations to the board respecting utilization of the hospital.

As you know, Mr. Speaker, in this Act section 29(d) is repealed. The immediate response is; well, why shouldn't the medical staff have responsibility for utilization? I would draw the opposition's attention to section, if I can . . .

AN HON. MEMBER: It must be the new eyes.

DR. OBERG: That's right.

. . . 32(6)(e) and (f), and what these do is actually expand the medical staff's responsibilities for utilization to include: the board must consider "medical staff input respecting patient care." They must have input into "strategic planning, community needs assessment, facility use management", which is a new term for

utilization, "and quality assurance activities of the board." There must also be

mechanisms to promote ethical behaviour, evidence-based decision making and participation in continuing medical education by medical staff.

We felt that these were amendments that were absolutely critical and needed to be there. For that reason 29(d) was repealed and was moved to 32(6)(e) and (f). Essentially, Mr. Speaker, those are the issues when it comes to the medical staff bylaws.

One point I will say is that we have had consultation with the Alberta Medical Association on this. Interestingly, Mr. Speaker, the Alberta Medical Association feels that this does not go far enough and that it must apply to regional staff. However, the issue here is that this is the Hospitals Act, and under the definition of the hospital you still must have medical staff bylaws in the hospitals. [interjection] I'm getting the time-out one here.

The medical staff bylaws must apply to the hospitals. So even if there is under the present legislation a regional staff bylaw, there still must be a medical staff bylaw for the hospital, and the rationale for this is that the governing body of the nonregional hospital, such as Caritas, still must have a medical staff bylaw. A medical staff bylaw can simply state that it is the same as the regional health authority medical staff bylaw, and that provision is in here.

The other interesting point, Mr. Speaker, is that there is a process in here that if the medical staff put forward their bylaws and the regional health authority does not agree with them, the regional health authority does not have the ability to arbitrarily change them. There will be a hearing process with the minister, who is ultimately responsible for the health care of the people in this province, being the arbitrator, with submissions from both the medical staff and the regional health authority. So they do have the right for submissions on both sides to state their case.

Quite briefly, the Nursing Homes Act is the second Act that is to be amended in the Health Statutes Amendment Act. The amendments to the Nursing Homes Act are proposed to achieve three objectives: first of all, to reflect the restructuring; second of all, to reflect that regional health authorities rather than the minister are entering into nursing home contracts with operators; and thirdly, which I feel is most important, to retain the minister's powers where required to ensure that the Nursing Homes Act and regulations are adhered to and that the health, safety, and well-being of nursing home residents is protected. Essentially what we have done, Mr. Speaker, is we've gone through and deleted the reference to nursing home districts. We have put in powers for the minister to dissolve contracts with operators given notice. We have put powers in for the minister to continue to inspect nursing homes, to order correction plans, to cancel or suspend contracts, to prohibit or restrict admissions of residents to nursing homes, or to appoint an official administrator of a nursing home.

10:10

Mr. Speaker, there is also another important point in the Nursing Homes Act amendment, and that is if a nursing home contract is arbitrarily suspended by the operator or by the minister, there is a proviso for the minister to ensure the safety of the residents affected, again a very important amendment.

The third Act that is amended in the Health Statutes Amendment Act is the Regional Health Authorities Act. In the Regional Health Authorities Act we have consolidated the grant-making power of the minister, which has occurred in several of the Acts, such as the Public Health Act, such as the Mental Health Act, such as the Hospitals Act, into the Regional Health Authorities Act to make it into the one act. It allows for a suspension,

adjustment, or recovery of grants due to failure to comply with the Act, regulation, or terms and conditions. Mr. Speaker, also in the Regional Health Authorities Act any reference to requisitioning powers is eliminated, consistent with the change in the Hospitals Act.

One point as well. The Public Service Employee Relations Act is amended, and, Mr. Speaker, the reason for that is that the Public Service Employee Relations Act does not apply to the regional health authorities. The Labour Relations Code applies to the regional health authorities.

Mr. Speaker, the fourth part, which was an oversight . . .

SOME HON. MEMBERS: Question. Question.

DR. OBERG: This is the last part; honest. The fourth part, which was an oversight, under section 4 of this Bill, the revival and validation, confirms the continued existence of Alberta Hospital Edmonton Foundation.

With that, Mr. Speaker, I invite people to join in the debate. Thank you.

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

MR. SAPERS: Thank you, Mr. Speaker. The difficulties with Bill 30 are far more substantial than the difficulties with Bill 27, which we just debated at second reading. One of the problems with Bill 30, particularly at this stage of debate, is that it's very difficult to speak to the principle. Bill 30 is in fact an amalgam of what should be three separate Bills. If the government were to approach health care restructuring with the kind of integrity that Albertans are demanding, what we'd see is not one Bill, where the government was trying to cram a whole bunch of very important matters into one piece of legislation, but instead we'd see three separate Bills introduced with ample time for public debate and for pre-study and, I would also argue, with some ability for the government to make its case.

The changes to the Hospitals Act, the changes to the Nursing Homes Act, and the changes to the Regional Health Authorities Act are all so substantial that I hope you will give me and my colleagues the same latitude which you permitted the hon. mover of the Bill in terms of not strictly speaking to principle but in fact getting into some of the guts of the Bill as it's proposed, because it's the only way that we can proceed in debate. This Bill is so disjointed that there clearly is not one matter of principle that the government is bringing forward.

Now, the objectives of the Bill overall, as the hon. Member for Bow Valley indicated, are to make legislation consistent with the restructuring process. The problem with that is that there is no restructuring process in health care. What there has been, Mr. Speaker, is a budget process in health care, and if you ever needed evidence of that, all you have to do is look at Bill 30. There has been a process that has looked simply at the bottom line. We're spending X amount of money in health care. We want to spend X minus a billion dollars in health care. So what are we going to do? We're going to cut \$700 million out, we're going to raise another quarter of a billion dollars in new taxes called health care premiums, and there you have it. That's the straight-line reasoning that went into health care that's now being dressed up as reform and restructuring. There was such a rush to enter into that budget exercise that the government didn't even take the time to properly assess the impact that that magnitude of

change would have on the existing legal and regulatory framework surrounding the provision of health care. Hence we have this kind of a mess that's presented to us as Bill 30.

Now, Bill 30 reflects the chaos and the confusion which is present in health care, just one little part of Bill 30 resurrecting the Alberta Hospital Edmonton Foundation. Mr. Speaker, you know, this government has legislation up for debate in this session dealing with the establishment of right-of-the-Crown foundations for health care. We've seen wholesale repealing of legislation. We've seen all kinds of instability introduced into the charitable fund-raising parts of health care. In their mad rush just to tear down, tear apart, disestablish, we find that the government went and disestablished the Alberta Hospital Edmonton Foundation. They created the circumstances where it didn't exist legally, which of course was quite a surprise to all of the donors and all of the supporters of the Alberta Hospital Edmonton Foundation.

So just as sort of an afterthought, a benign, blithe afterthought, you know, they say: "Oops, sorry. We just made a little mistake. We'll just revive it as though it didn't happen." That kind of cavalier attitude, Mr. Speaker, is unacceptable. You see, in health care when you start making mistakes like that, you're really affecting people's lives. Now, the Alberta Hospital Edmonton Foundation Act may not have directly impacted on an individual's health, but look at the message that it sends. Think of the message that it sends to Albertans: that this government was so careless in how it approached health care restructuring, they would move to disestablish foundations and then just with a snap of the fingers bring it back as though it didn't happen.

You have in Bill 30 an attempt to try to rationalize some of the destruction and chaos which has been brought to bear on the system, and of course that can't be done. The changes to the Hospitals Act want to address the nonregional hospitals. Of course, these are the hospitals that are still governed by faith-based hospital boards.

One of the things that I find very interesting, Mr. Speaker, is that the Premier will stand in this Assembly and will say time after time after time – and actually I'd like a Speaker's ruling on repetition at some point. He will stand time after time after time and talk about the fact that there were some 200 hospital boards and health units in existence in Alberta before and that this government, by golly, has taken that down to 17 regional health authorities. But you know, the Premier doesn't tell you about the three dozen faith-based hospital boards, and the Premier doesn't talk about the ongoing debates right now between regional authorities and those faith-based boards. The Premier doesn't talk about the side agreements that have had to be cut. The Premier doesn't talk about the confusion that still reigns in terms of who makes decisions regarding regional medical staff. They only talk about half the story, and again that's not good enough in health care.

So we have some consequential changes because of bad drafting and bad legislation previously. We have some consequential changes that the Member for Bow Valley stands here and tells us are really just the right thing to do. Well, you know, if they are the right thing to do now, they were clearly anticipated as the right thing to do in '94 when we were debating Bill 20.

THE ACTING SPEAKER: The hon. Member for Lethbridge-West on a point of order.

Point of Order Questioning a Member

MR. DUNFORD: Under *Beauchesne* 405 I wonder if the speaker would entertain a question.

THE ACTING SPEAKER: Hon. member, yes or no?

MR. SAPERS: No.

THE ACTING SPEAKER: Thank you.

Debate Continued

MR. SAPERS: So as I was saying, under the changes to the Hospitals Act right now, we see that the whole debate about Bill 20 was just rendered as though it was a useless function. I recall the members on the government side saying: the Liberals are just fear-mongering by saying that Bill 20 is bad law. Well, in fact what we're seeing now is that it wasn't groundless at all. We're seeing the government forced once again to come and clean up a mess that they made, and it was a predictable mess. I have to emphasize, Mr. Speaker, that when it comes to health care, we have an obligation to be far more careful than that.

Changes to the Hospitals Act will also repeal all of the sections to do with the voluntary payment for capital purposes, the requisitioning sections. Now, Mr. Speaker, this is something that I am absolutely in favour of. Absolutely. It should never have been in the Bill in the first place. It was taxation without representation. It was a point that we made and made again and made again, and this government said: oh, no, no, no, it's not a problem. It was so much not a problem that it became a feature of the Premier's fireside chat on television, that he was going to take away that requisitioning power because it shouldn't have been there in the first place.

Changes with responsibility due to medical staff and the authority for medical staff and the medical staff bylaws. The sponsor of the Bill would have us believe that this is somehow benign, that this is just, you know, that we want to make sure that we make it efficient, that bylaws can apply to more than one hospital site. I wonder, Mr. Speaker, if that's an original thought on the part of the member or whether somebody made him say that, because it's clearly not the case that that's what these sections, these amendments accomplish.

10:20

Let's take a look at section 1(16) as it appears in Bill 30. Now, this is the section that states that "the board has final authority" regarding "the appointment of the medical staff." It may grant "practitioners access to hospital facilities," as stated in the bylaws or in employment contracts. We've already seen draft bylaws that say things like if you want to be a doctor with privileges in this region, you have to agree with the mission and values of the region. Talk about a way of muzzling a profession. Can you imagine? You're going to tell the medical profession that unless you buy into the government's agenda as it's evidenced through the regional health authority, you're not going to get privileges. You won't be allowed to practise. What kind of intimidation is that, and how dare the government pretend that these changes in the status of medical bylaws and who makes them and who controls them are really just benign and just a move towards some kind of greater efficiency? That is not the case.

Section 1(17) amends the responsibility of the medical staff to the board to now only include "the quality of the professional services." Mr. Speaker, the responsibility for clinical and scientific work, advising the board on patient care matters, and recommendations regarding the utilization of the hospital have been repealed. The member would have us believe that this is all taken care of in a subsequent section. But again, that's clearly not the case.

Primary care research, as this hon. Member for Bow Valley so very well should know, is essential to the provision of ongoing care. Mr. Speaker, we have a crisis in this province right now in rural Alberta with a shortage of primary care physicians. We can't get practitioners to the many communities in this province that are so desperate for them. One of the ways that we can help bring practitioners to rural Alberta is by fostering a sense of the importance of that kind of practice. One of the ways you do that is to give it credibility both academically and within the profession. You need to pay attention to primary care research. We have one of the leading faculties in this country if not in North America at the University of Alberta in the medical school in what they have been able to accomplish in the last half dozen years, really going from zero to a place of pre-eminence in training and ongoing training for primary care for general practitioners, for family practitioners.

We have outstanding academics and professionals in that faculty, and what are we doing? We are undermining everything they're trying to do by saying that medical staff that are working in the front lines, that are working in the hospitals out in the communities, will no longer have any responsibility for providing input and direction and nurturing the clinical and research work. Mr. Speaker, this isn't acceptable. This cannot be allowed to happen. This Member for Bow Valley knows that. I would like him to stand in this Assembly and explain just why that part of the medical staff bylaws have been gutted. What does he say to his professional colleagues? This is just not acceptable.

Section 1(18), which outlines the board's ability to establish a "hospital services utilization committee" and its powers and its duties. You know, again we see so many things that'll be left to regulation. We see so many things that just come to my mind immediately in terms of what people are truly concerned about: that they can't get into the doctor when they need to see the doctor, that they can't get into a hospital-based program when they need it, if they happen to not live in Calgary or Edmonton and they have to come in from another community, the hardship that that is on them and their family when they have to travel continuously from, let's say, Valleyview into Edmonton and when they have to travel continuously from Drumheller into Calgary. Then they're told: no, I'm sorry; there's no room at the inn.

Just this week, another two dozen so-called elective surgeries canceled at the Royal Alex hospital, one of the busiest emergency hospitals in North America. You know what doctors are being forced to do now? They're being forced to tell their patients that they want to provide surgical services for them. They're telling them: "You know what? Go to emergency; access it through emergency. I'm sorry; I can't get you in. I can't schedule it. I'm sorry; I can't tell your child when you can have that operation. I'm sorry; I can't tell you when you're going to have that procedure. You'd better go to emergency and then call me in. Call in a consultant there, and then we can schedule it." That's what it's come down to: if we can't do it at the Alex, we'll do it at the U, and we'll just drive around. It doesn't matter how inefficient that is. It doesn't matter how much pain and chaos and confusion that costs, that's just the way we have to do it now.

What we see here is that the ability of the medical professionals to address those kinds of concerns by providing direct input into the operation of the hospital in the way that they should, that they ought to, that they deserve to, that they know how to, is being taken away from them. It is not the kind of just benign house-keeping regulation or section that the member would have us believe.

I know that this is not the point, Mr. Speaker, that we should be doing a section-by-section analysis and review of the Bill, but I cannot do my job in terms of speaking to Bill 30 without drawing the attention of the Assembly to just a couple more sections at least.

Section 1(22)(a) now allows a person authorized by a member of a professional staff to divulge records of treatment. It's not just the physician and it's not just the attending physician but a person of a professional staff, not necessarily even a doctor. We're talking about confidentiality. We're talking about privacy. We're talking about professional integrity. We're talking about continuity of services. The College of Family Physicians stresses the importance of continuity, and what we see through here is that things like treatment plans, records, even discharge, can now be taken out of the hands of an attending physician. The member is shaking his head no. Show me in the legislation.

DR. OBERG: Howard, there are regulations on what professional staff have admitting privileges.

MR. SAPERS: Mr. Speaker, I know that the Member for Bow Valley is anxious to enter this debate, and I'm sure that he will.

Now, Mr. Speaker, another section allows the minister, on the basis of a physician's or a professional staff's report or that of a board or an administrator, to discharge or transfer a patient. An administrator making that decision over and above a physician. That section is 1(28), hon. member.

Then of course we get to that old standby in this government's very, very weak arsenal of legislative drafting, where everything important is left to regulations. We see so many areas throughout, particularly subsection (35) of section 1, where the Lieutenant Governor in Council - there we go again: the Premier and his business partners behind closed doors making regulations about everything that's important: making regulations about authorized charges, making regulations about user fees, making regulations about privatized health care, about selling services, about two-tiered, about the kind of medical treatment you get depending on how much you can afford to pay, Mr. Speaker. That's all being left to regulations. It's all being left to the Executive Council, and we know who that is. It's not the public. It's not the Legislature. It's the Premier and his business partners.

MR. COLLINGWOOD: It's not Lyle.

MR. SAPERS: That's true. My colleague from Sherwood Park quite appropriately points out that it doesn't even include the Member for Bow Valley, until he gets appointed to cabinet. Gee, Mr. Speaker, maybe he knows something the rest of us don't.

Mr. Speaker, I've got to move ahead to the Nursing Homes Act. Under the Nursing Homes Act what we find is that the regional health authorities now, not the minister, will ultimately be responsible to enter into a contract with an owner/operator of a nursing home. The mover of the Bill told us that this Bill will somehow reinforce ministerial accountability and responsibility. That is inconsistent with this part of the Bill. This Bill makes it very clear that the minister's level of accountability is being eroded. You know, one of the ultimate ironies of this government's whole approach to health care reform is that they say in public: what we're doing is we're promoting local control. Then in private what they're doing is they are centralizing that control. Here we go again with them just being confused. They don't know whether they're right or left or middle, because what

they're doing is they're saying, "It is the regional health authority who will be on the hook for those financial contracts." And the minister, well, I guess that means she's not on the hook. It means, I guess, she's not responsible.

10:30

We also see that the changes in the Nursing Homes Act will repeal the section requiring ministerial approval of nursing homes. Now, on the one hand I'm relieved by that because it doesn't say that it requires ministerial approval for the disposition of public hospitals. Of course, we all know, Mr. Speaker, what's going on around this province. We all know that there's a group – probably the most infamous of them all is that one called Hotel de Health, where they're making overtures to several health authorities and wanting to lease, buy, or somehow get control of provincial hospitals. The one saving grace that we have – at least we hope it's a saving grace – is that right now the regulatory and legal framework regarding health care requires ministerial approval before that can happen. Of course, we'll know whether or not that's truly going to come to the rescue of public health care when the minister is ultimately faced with either giving or withholding that approval.

What we do know is that when it comes to nursing homes, when it comes to the long-term medical care of our senior citizens, the minister doesn't want the responsibility. She doesn't want to be accountable for that. She wants to give that over entirely to the regional health authorities. Why is that, Mr. Speaker? What are they planning? What kind of wholesale change are we facing regarding the provision of long-term care in this province? The jurisdiction for nursing home contracts is being changed. There is nothing that is just housekeeping or straightforward about these changes to the Nursing Homes Act.

Now, my favourites: the changes to the Regional Health Authorities Act. Mr. Speaker, I know that we've said it before in this House, that what was then Bill 20 in 1994 was a horribly flawed Bill. [Mr. Sapers' speaking time expired]

MS LEIBOVICI: Oh, he was just getting – he can take my turn.

MR. SAPERS: Thank you, hon. member.
Can I do that, Mr. Speaker?

AN HON. MEMBER: Ask for unanimous consent. [interjections]

THE ACTING SPEAKER: I would call it, but I don't think you're going to get it, hon. member.
The hon. Member for Sherwood Park.

MR. COLLINGWOOD: Thank you, Mr. Speaker. My instinct tells me that the Member for Stony Plain was not particularly interested in hearing the eloquent statements from the Member for Edmonton-Glenora to carry further the debate and to further edify the Member for Stony Plain.

MR. WOLOSHYN: A point of privilege, Mr. Speaker. [interjections]

THE ACTING SPEAKER: The hon. Member for Sherwood Park.

MR. COLLINGWOOD: Thank you, Mr. Speaker. Thank you indeed. I guess I'll pick up where my friend for Edmonton-Glenora left his inertia standing just beside me. The point that is being made with respect to the changes to the Nursing Homes Act

I think is one of the areas that highlights what the Member for Edmonton-Glenora was referring to, and that is the piecemeal, disjointed approach by this government in its whole health care restructuring and health care reform process. The sponsoring member and government members will have us and will have Albertans believe that this is all part of a step-by-step process that the government is working on towards the full complement of health care reform in the province of Alberta with the legislation. In fact, the legislation simply does not bear that out, and in fact the public of Alberta is to the point where they just simply don't accept that anymore at all.

One of the things that will crystalize in their mind that that is not the case any longer is what was referred to by my colleague in the statement with respect to the revival and validation of the Alberta Hospital Edmonton Foundation, and in fact even the wording as it appears in the Act is really quite astounding. The wording in the Act is:

All acts and other things done by the Alberta Hospital Edmonton Foundation between April 4, 1995 and the coming into force of this section are hereby validated.

Well, Mr. Speaker, I wonder what those other things are that aren't acts or decisions of the board. I mean, for that kind of wording to appear in the legislation is absolutely incredible, and it is clearly an admission by the government that we really didn't fully understand what it was that we were doing, that we really didn't fully understand or in fact do for ourselves our own technical briefing to determine the consequences of this hurry-up offence in trying to paint Alberta's health care system as the demon, as the dragon that had to be slain, that they did not give it full and thoughtful consideration before it plowed ahead with its blinders on.

So, Mr. Speaker, while I suppose it's now necessary and important to revive and validate the Alberta Hospital Edmonton Foundation, it is really a sad statement to the people of Alberta about how this government conducts itself in the discharge of its duty in the delivery of services to the people of Alberta by having to announce and apologize to the people of Alberta that it really didn't understand what it was doing. Having recognized that it didn't understand what it was doing, it's now saying, "All right; well, we have to come forward and fix it." Yes, it has to be done; quite agreed. Nonetheless, the government ought to be and I think probably is very embarrassed by the fact that that has to be in the legislation.

The changes that are being made to the Regional Health Authorities Act in terms of the requisitioning power of course come as no surprise. Not only was that the position of the Alberta Liberal opposition on behalf of the people of Alberta, but the government no doubt heard it from the people of Alberta directly. The whole notion of having the ability of taxation without representation the people of Alberta find offensive, Mr. Speaker. I think the government got that message loud and clear in the amendment that is now being put forward in Bill 30 under the amendment to the Regional Health Authorities Act. Again, it is something that the government found itself in a position that it had to do because of the reaction in the communities. Once again, the government should feel rather embarrassed by the fact that the position was clear all along simply based in principle, Mr. Speaker, not in relation to the delivery of health care services, not in relation to the delivery of social services, not in relation to the delivery of education.

Regardless, the fundamental principle of a democratic process in a democratic institution is that you must have representation if you are going to allow taxation. This kind of deviation from the fundamental principle of a democratic institution obviously is

offensive to the people of Alberta, and the government is being forced at this point in time to respond accordingly. So that has to be dealt with, obviously. That particular aspect is supported. It's been the position of this caucus all along that that kind of legislation should never have gone forward in the first place.

[The Deputy Speaker in the Chair]

MR. DUNFORD: So you like the Bill too; eh, Brucie?

MR. COLLINGWOOD: One section, hon. member. One section.

The sponsor of the Bill, the Member for Bow Valley, had made some reference to a number of issues that I think members will admit are somewhat technical. He has the benefit of his professional experience and background in knowing all of the processes and procedures that are followed in terms of things like creating the bylaws for medical staff. What I took from the member's statements about what this Bill is going to do with respect to those medical bylaws is that it is going to create a system or at least perpetuate – Mr. Speaker, I'll even suggest to you that it may in fact be a perpetuation of a situation where you can have different governance of different hospitals in the province of Alberta.

Now, notwithstanding the fact that the nonregional hospitals may be incorporated to some extent through this Bill with the governance through the authority and jurisdiction of the regional health authorities, what I hear the member saying is that it is still going to be a piecemeal approach in terms of the way hospitals and medical staff are governed in the province of Alberta. What may happen in hospital A, which may be a regional hospital, what may happen in hospital B, which may be a nonregional hospital, and what may happen in hospital C may all be entirely different depending on the decision-making process about the medical bylaw that will be in place as a result of that process.

10:40

I think that one of the things that Albertans are looking for more than anything from the government of Alberta in the restructuring and reformation of Alberta's health care system is some level of consistency. It has been the problem and the difficulty with regional health authorities from the very beginning. We are dividing the province up into little states that have different rules, different policies, different ways of dealing with the delivery of health care. That does not suggest and that does not say that the health care system needs to be community driven, because certain communities will have certain needs, but in terms of the overall policies and procedures that are in place, that's what Albertans are looking for. They are looking for consistency so that regardless of whether or not they are in Manyberries or Fairview, they know that there is a certain standard, that there is consistency in how health care will be delivered. What I'm hearing the sponsor of this Bill say is that that is not going to be something that is going to be cured in the drafting and the creation of the bylaws in that they may be different in the nonregional and the regional boards.

Mr. Speaker, until I've had a chance to look at this further, I cannot know whether or not it is going to be something that is curative or something that is going to put us back a couple of steps by having a similar bylaw applicable to two different nonregional hospitals. For example, the Member for Bow Valley referred to in Edmonton that the Grey Nuns hospital and the Misericordia hospital could potentially be under that one bylaw. Whether or not that is going to improve the level of consistency, we'll have to see, but I believe that what Albertans are looking for most of all is some sense of consistency.

Mr. Speaker, I was listening intently. Again, the Member for Bow Valley does have the benefit of his past professional experience in the issue of how we're going to deal with the surcharges when we're talking about nonresident Albertans benefiting from health care delivery in the province of Alberta. The scenario that he suggested to us is a visitor who is visiting Alberta – and we are all thankful that there are many, many of those who join us year-round in the province of Alberta to enjoy whether it be skiing or stampedes or whatever it is that they're coming to Alberta for – and may unfortunately require health care services.

He describes that particular scenario to say: now, I know that the hon. members in the opposition are going to look at that and they're going to say, "Aha, Hotel de Health; this is just in furtherance of the concept of leasing or selling our public buildings to a private entrepreneur so that they can fly up Americans and deliver health care services that people in Alberta cannot get." He then went on to describe the scenario, which is the visiting tourist who has to access the health care system.

What he didn't do, Mr. Speaker – while it may in fact be the scenario of the traveling visitor from the United States or elsewhere in the world, he did not allay my fears that it is not indeed the scenario that could be the Hotel de Health scenario as we've discussed in this Assembly many times in the last few weeks. I don't sense from what the sponsor's comments were that those are mutually exclusive scenarios. I will accept fully his scenario of the traveling visitor, the tourist, to our province. What I did not hear him say is that the other scenario, the Hotel de Health scenario, is not included or could not conceivably come about as a result of this proposal.

So, Mr. Speaker, until I can hear the Member for Bow Valley tell me that unequivocally this does not open the door for a Hotel de Health type of scenario, even though he's telling me it's the visiting tourist scenario, then I am not prepared to accept what he is offering in this piece of legislation, this proposed legislation. I will need to hear clearly that it does not open the door for entrepreneurial, commercial medicine in the province of Alberta that will allow entrepreneurs and investors and promoters like those involved in Hotel de Health to rely very much on this kind of change to pursue their own interests for private medicine in the province of Alberta. I'm not prepared to accept it until the Member for Little Bow is prepared to tell me that.

Mr. Speaker, one of the things that has occurred in the government's rather disjointed reformation of the health care system has been a lack of understanding by the people of Alberta as to who does what. Now, their confusion I think has been solidified, has been reinforced by what Albertans see in this legislative Chamber when the Minister of Health responds to questions about the changes in the health care system. The Minister of Health will often say: don't ask me; ask the regional health authority. The regional health authorities, when asked, will say: don't ask us; ask the Minister of Health.

Once again what we're hearing in this legislative Chamber is the Member for Little Bow telling us that the changes to the nursing home legislation will increase ministerial responsibility.

AN HON. MEMBER: Bow Valley.

MR. COLLINGWOOD: Bow Valley. Thank you, hon. member.

The sponsor of the Bill, from Bow Valley, is telling us that this will increase ministerial responsibility, while in fact the words on the page tell us that it will be a further delegation of authority and responsibility away from the Minister of Health. So once again

when we have problems, which is unfortunate – and I see that we will again run into problems because we are working at these cross purposes, or at least the public relations aspect of this proposal is different than the words on the page – the Minister of Health is going to say: well, don't talk to me about nursing homes; talk to the regional health authorities. The regional health authorities and the Member for Little Bow will say: well, don't talk to us; talk to the Minister of Health.

DR. OBERG: Bow Valley.

MR. COLLINGWOOD: I'm sorry; Bow Valley.

They will be once again doing the unfortunate consequence of the lack of planning: finger-pointing. The finger-pointing and the blaming: this is not our responsibility; this is their responsibility. The other side says: no, it's not our responsibility; it's their responsibility. The inconsistency of what we're hearing from the sponsor of this Bill tonight has to be addressed further in debate on this Bill because what he's saying and what the legislation is saying are not consistent. It is a further delegation from the Minister of Health. It becomes the responsibility of the regional health authorities for the operation and the enforcement of compliance of nursing homes, and it removes the minister from that extra level of accountability and responsibility for those operations.

Mr. Speaker, I concur with the comments from my colleague from Edmonton-Glenora. This is one of these ongoing miscellaneous health statutes amendment Acts that continually comes into this Assembly year after year after year as the government bungles along in its health care restructuring, trying desperately as it goes along to correct significant errors that it has made in the past. Those are some serious concerns about the future after Bill 30, and I think we want to try and avoid yet again having the next miscellaneous health statutes amendment that is going to cure everything that comes out of Bill 30, as we are doing with Bill 27, which is trying to cure what came out of Bill 5.

So let's deal with it properly. Let's look at this, especially in relation to the issue of the nursing homes. Who is going to be responsible? Who is going to be accountable? Who is going to be doing what? Once again, it will be difficult for the sponsor to do because realistically and practically what it means is that the sponsoring Member for Little Bow – got that right this time.

10:50

DR. OBERG: No, Bow Valley.

MR. COLLINGWOOD: Bow Valley. I got it wrong again. My apologies three times, hon. member.

What he will have to do practically and realistically to make this debate more meaningful is he will have to table the draft regulations. It is only at that point, Mr. Speaker, that we are going to be able to ask and answer the questions about who is going to be accountable, who is going to be responsible, and how can we then avoid this public relations ploy where it becomes finger-pointing, saying, "Don't ask me; ask the other guys." We want to avoid that, and more importantly Albertans want that to be avoided because they are tired of not having a clear understanding from this government as to who is doing what.

Who is responsible for policy? Who is responsible for implementation of the policy? Where is the clear line between what is policy and what is implementation of policy? People don't understand that, and the government is playing on that ignorance out there when people are asking simple questions about who do

I go to to get answers to questions and nobody is giving the answer. They're sending them on that proverbial treadmill of government, making six, seven, eight, nine, 10 calls where everybody's telling you, "That's not my department; make the next phone call." So we do not want that to perpetuate. We do not want that to continue. Albertans want certainty. They want clarity. They want consistency in the delivery of health services in the province of Alberta.

Mr. Speaker, at this point in time I do not see that Bill 30 in its entirety is doing that job. At this point I am not in a position to lend my support to Bill 30. Thank you.

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

MR. CHADI: Thank you very much, Mr. Speaker. Listening to the debate, at least trying to listen to the debate this evening was quite difficult. Quite frankly, I listened intently to the comments by the Member for Bow Valley, the sponsor of this Bill. Through the noise in the Assembly I couldn't quite make out what he was saying from time to time. I very much wanted to engage in this debate in a very meaningful way. I was really interested in listening to the Member for Bow Valley. I only caught a few parts of what he was saying, and I would like to maybe talk about that in a brief way.

I was very much interested in listening to the fact that we have a Bill before us that takes in three – these are amendments to three Acts that were debated since we've been elected into this Legislature, the Hospitals Act, for one. It wasn't so long ago, Mr. Speaker, that we on this side of the House were extremely adamant about a section within the Hospitals Act with respect to the health authorities being able to requisition funds from municipalities. I can't recall how many times in this Assembly, whether it was in the second reading of the Bill, Committee of the Whole, third reading, that we went on and on and on and talked about that. The government was absolutely adamant that this was necessary, and they insisted that it must remain within the Bill. Well, here we are. It's the Regional Health Authorities Act and its amendment to it, and it's now repealing this section out of there. I'm very, very much interested in seeing that, very much pleased in seeing the fact that it is repealed.

It is quite a complex Bill insomuch as there's so much in it and there's so much to digest. In second reading, of course, I as a member of this Legislature tried to listen to all the members in this debate to try and get a feel for what's actually happening here. I listened to the Member for Sherwood Park. The member is a lawyer by profession, and I listened intently to what he was trying to do, which was to decipher parts of this Bill, so that perhaps maybe I could be enlightened by some of the legal lingo within this Bill. I picked up a little bit from it, I picked up a little from the Member for Edmonton-Glenora, and I picked up some from the Member for Bow Valley, but I need to know more. I'm willing and very much interested to listen to more debate and see how we can make this Bill better. Of course, there's so much more in here than one can try to fit in within 20 minutes of debate or for the last 30 minutes of debate in this Assembly.

There is an area of concern that the Member for Bow Valley mentioned, and that is with respect to funds from individuals, nonresidents of Alberta, perhaps maybe individuals from other parts of the world, not necessarily other parts of Canada but perhaps other parts of Canada, and I'm wondering about other parts of Alberta as well. I know there were times when the

different regional health authorities were looking at charging back to the health authorities the costs that would be incurred by individuals from other parts of the province. I heard Bow Valley saying: how would we distribute those funds from nonresidents? Let's assume they were patients from British Columbia or from other parts of North America or the world for that matter. Would they in fact come to the province? Would those funds be submitted to the province of Alberta? Would they be to the hospitals? Would they be to the regional health authorities? How would those funds be distributed? I tried to get that from the Member for Bow Valley. I didn't quite hear or understand what he was saying; perhaps maybe I couldn't hear him. I would like very much if he could expand the debate with respect to that.

The concern of members on this side of the House that I have heard – the Member for Edmonton-Glenora talked about the scenario of Hotel de Health. Does that fit into what the Member for Bow Valley was saying? Well, again, I'd like to know how that fits in, if in fact it really does.

In perusing the Bill somewhat, Mr. Speaker, I did notice areas of concern that were mentioned earlier, but I got no level of comfort as to what in fact was the reasoning behind these sections within the Bill.

I would like very much at this point in time to adjourn debate on Bill 30, and I'd like to be able to come back to it in committee stage. With those comments I'll take my seat.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Roper has moved that we adjourn debate on this Bill. All those in favour of that motion please say aye.

HON. MEMBERS: Aye.

THE DEPUTY SPEAKER: Those opposed, please say no. Carried.

[At 11 p.m. the Assembly adjourned to Thursday at 1:30 p.m.]

