

Legislative Assembly of Alberta

Title: Thursday, April 2, 1998

Date: 98/04/02

[The Speaker in the chair]

1:30 p.m.

[Leave granted; Bill 40 read a first time]

THE SPEAKER: The hon. Minister of Agriculture, Food and Rural Development.

head:

Prayers

THE SPEAKER: Good afternoon. Let us pray.

Our divine Father, as we conclude for this week our work in this Assembly, we renew our thanks and ask that we may continue our work under Your guidance.

Amen.

Please be seated.

Bill 41 Agriculture Statutes (Livestock Identification) Amendment Act, 1998

MR. STELMACH: Thank you, Mr. Speaker. I request leave to introduce Bill 41, being the Agriculture Statutes (Livestock Identification) Amendment Act, 1998.

The purpose of this bill is to allow the delegation of the administration of livestock inspection services to the livestock industry.

head:

Reading and Receiving Petitions

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

[Leave granted; Bill 41 read a first time]

MR. SAPERS: Thank you very much, Mr. Speaker. With your permission I would request that the Clerk now read back the petition which I introduced into this Assembly yesterday calling on the government to ensure that there are two sessions of the Legislative Assembly each year guaranteed in legislation.

head:

Tabling Returns and Reports

THE SPEAKER: The hon. Minister of Community Development.

THE CLERK:

We, the undersigned residents of Alberta, petition the Legislative Assembly to urge the Government to amend the Legislative Assembly Act in such a manner as to make it mandatory for the Government to hold two sittings of the Legislature each year, in the Spring and the Fall.

MRS. McCLELLAN: Mr. Speaker, I am pleased to file with the Assembly today an information bulletin on Tartan Day, which is April 6. This day was chosen as it marks the anniversary of Scottish independence in 1320. Many Albertans celebrate Tartan Day by wearing tartans proudly and celebrating their clan's heritage.

head:

Notices of Motions

THE SPEAKER: The hon. leader of the ND opposition.

THE SPEAKER: The hon. Leader of the Official Opposition.

MS BARRETT: Thank you, Mr. Speaker. Pursuant to Standing Order 30 I hereby give notice that after the daily Routine and before Orders of the Day I will request leave to move to adjourn the ordinary business of the Assembly to discuss the following matter of urgent public importance, that being the Supreme Court of Canada ruling in the Delwin Vriend case in which the justices unanimously agreed that Alberta's human rights legislation violates the Charter of Rights and Freedoms by failing to protect the fundamental rights of Albertans on the basis of sexual orientation. I have copies for distribution.

MR. MITCHELL: Mr. Speaker, I would like to table four copies of a letter to the Premier from Robin McClung, who is the great-niece of Nellie McClung. Her letter fully supports equal rights for all Albertans.

head:

Introduction of Bills

THE SPEAKER: The hon. Minister of Intergovernmental and Aboriginal Affairs.

MR. DICKSON: Mr. Speaker, I'm very pleased to table at this time copies of the decision rendered this morning by the Supreme Court of Canada in the case of Delwin Vriend and Her Majesty the Queen in right of Alberta.

In addition I have a number of other tablings. I have seven different letters. I won't identify the correspondents by name to economize on time. I have one additional letter from a psychiatrist who makes an impassioned commentary in terms of the danger and injury to Albertans – it's Dr. Ian Kroll. His letter is dated March 31, 1998. He talks about the negative impact on Albertans in not protecting against sexual orientation discrimination.

Bill 40 Senatorial Selection Amendment Act, 1998

MR. HANCOCK: Yes, Mr. Speaker. I beg leave to introduce Bill 40, the Senatorial Selection Amendment Act, 1998.

This act is enabling legislation. It removes the requirement for there to be a vacancy in the Senate of Canada prior to holding an election. It creates, in essence, the office of Senate nominee, and it allows for the holding of a Senate election in conjunction with municipal elections, provincial elections, or otherwise at the call of the government. [interjections]

THE SPEAKER: The hon. Minister of Intergovernmental and Aboriginal Affairs.

MR. HANCOCK: Thank you, Mr. Speaker. It's my pleasure today to table five copies of the 1997 annual report of the Métis Settlements Appeal Tribunal. The report includes the mission statement, the review of its business plan, and its report on accomplishments, including its 5R strategy: recognition, responsible, reliable, resolve, and relationship. The Métis Settlements Appeal Tribunal does a very good job of introducing a métisation program, which is a mediation program, and I commend the report to the reading of our members.

THE SPEAKER: Gee, I certainly hope all hon. members heard that so they'll know what they're voting on.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I'm pleased to rise this afternoon to table twenty more letters from Albertans received in the last 24 hours urging the government to do the right thing and to write the protection for sexual orientation into the human rights legislation and refrain from using the notwithstanding clause.

Thank you.

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

MR. MacDONALD: Thank you, Mr. Speaker. I rise this afternoon to table four copies of a letter from the Capital regional health authority advising that a 3.5 percent adjustment to salary ranges has been approved for management and exempt, out-of-scope staff. This change takes effect March 1 of this year.

head: **Introduction of Guests**

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much, Mr. Speaker. It's my pleasure today to introduce to you and through you to members of the Assembly a very good friend of mine. He's well respected in St. Albert, very involved in the community. He is the former MLA for St. Albert, and he actually even taught me once upon a time. He taught me a lot about life and integrity and honesty. I would like to welcome Len Bracko.

MR. DICKSON: Mr. Speaker, I'm delighted to introduce this afternoon three very courageous dietary technologists from the city of Calgary: Valerie Csilics, Margaret Morgan, and Gail Challand. I'd invite those three women to stand in the public gallery and receive the traditional warm welcome from the Assembly members.

THE SPEAKER: The hon. Member for Peace River.

MR. FRIEDEL: Thank you, Mr. Speaker. It's my pleasure to introduce to you and to the members of the Assembly a group of visitors from my constituency. They are 34 students from the La Crête public school. They are accompanied today by teachers Herman Steuernagel and Margaret Fehr; parents John Harder, George Krahn, and Eva Krahn; bus driver, Carl Friesen. Considering that they've come from about as far from Edmonton as you can in this province, I would expect that they'll likely be eligible for endurance medals by the time they get home tomorrow night for riding in a school bus. I'd like to ask that they stand in the members' gallery and receive the traditional warm welcome of this Assembly.

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

MRS. FORSYTH: Thank you, Mr. Speaker. I'd like to introduce to you and through you on behalf of the Member for Innisfail-Sylvan Lake 39 visitors from John Wilson elementary school. Teachers are Pat Paluck and Doug Falk. Parent helpers are Mr. Renaud, Mrs. Konsmo, Mrs. Carter, Mrs. Stretch, Mr. Temoshawski, Mrs. Beagle, and Mrs. Shaw. I'll ask everyone to give them a warm welcome.

1:40

MRS. O'NEILL: Mr. Speaker, it gives me pleasure this afternoon

to introduce to you and through you to Members of the Legislative Assembly residents of St. Albert and neighbours. They are sitting in the members' gallery. Ruth Lynch is accompanied by her children, Nathan and Natalya, who attend l'école Father Jan school, and Mikhaela, who attends l'école secondaire Sainte-Marguerite d'Youville school. I would ask them to rise and receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Minister of Transportation and Utilities.

MR. PASZKOWSKI: Thank you, Mr. Speaker. It's my pleasure this afternoon to introduce to you and through you grade 9 students who have traveled, I guess, the second farthest in this province in some time. They've been up since 4:30 this morning. They're members of the Rosedale Christian school in the Crooked Creek area. The grade 9 students are accompanied by Trevor Penner and his wife, Kathy, the teacher, and Orlan Isaac and his wife, Judy. I'd ask that they rise and receive the usual cordial welcome of the Assembly.

THE SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Mr. Speaker. I would like to introduce to you and through you to members of the Assembly another group of visitors who have joined us in the gallery, and I suppose they would like to be added to the furthest distance competition that we have this afternoon as well. We have eight members of the Medicine Hat Community Credit Union who have joined us and are seated in the members' gallery. They are in Edmonton this weekend to attend the annual meeting of Alberta credit unions. I would ask them to rise as I introduce them. They are Emily Haubrich, Cheryl Pigula, Hazel Stroh, Carol Cooper, Kathryn Sept, Fran Hadden, Marlene Kurtz, and Davida Giesinger. I ask that members give them a warm welcome as they join us this day.

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

MS OLSEN: Thank you, Mr. Speaker. I would like to introduce to you and through you to Members of the Legislative Assembly a young man who I had the opportunity to coach for years in community basketball and who is now an outstanding player at Highlands junior high. He has taken time from his spring break activities to come to the Legislature to see what happens in question period. Nicolas Lathe is seated in the public gallery, Mr. Speaker, and with your permission I would ask that he rise and receive the traditional warm welcome of the Assembly.

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

MRS. SLOAN: Thank you, Mr. Speaker. It gives me great pleasure to rise today and introduce four residents of Canterbury Court and residents of Edmonton-Riverview: Mr. and Mrs. John and Jennie Olthuis and Mrs. Dorothea Pragnell; accompanying them is Mrs. Christine Haugen. I would ask them to rise with your permission and receive the warm welcome of this Assembly.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I am very pleased today to rise and introduce to you and through you to members of

the Assembly four constituents from Edmonton-Centre who are seated in the public gallery. They have come down today to watch the proceedings. I would like to ask Gregg Bamford, Linda Henwood, Mike Mallowney, and Cathy Reed to please rise and accept the warm and traditional welcome of the Chamber.

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

MS BARRETT: Thank you, Mr. Speaker. It's my pleasure to introduce to members of the Assembly today two, amongst many others, tireless fighters and advocates for inclusive human rights. They're seated in the public gallery. They are president of the Alberta Federation of Labour, Audrey Cormack, and president of the Edmonton and District Labour Council, Alex Grimaldi. I ask all members to join me in welcoming them.

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

DR. PANNU: Thank you, Mr. Speaker. I'm delighted today to introduce to you and to all members of the Assembly two of my former students. The first one is Jairo Garzon. He tells me that he took a course from me in 1977. He's a math teacher at the Edmonton Young Offender Centre and is a graduate of our fine University of Alberta. The second guest is Dr. Daniel Schugurensky, who has been a visiting professor at UCLA – that is, the University of California, Los Angeles – since 1994 and graduated as a PhD candidate in 1994. I would ask them to stand and receive the warm welcome of this Assembly.

head: **Oral Question Period**
Sexual Orientation

MR. MITCHELL: Mr. Speaker, when it comes to bigotry, to discrimination, and to prejudice, somehow someone can always come up with some kind of ugly reason. But there is never a justification for discrimination; there is never an excuse for discrimination. It is never uglier than when a government with all its power and all its responsibility comes up with some kind of ugly reason to promote discrimination. The Premier has a chance right now to set it right. Will the Premier stand in the House, accept the Supreme Court ruling, oppose the notwithstanding clause, and kill any suggestion that discrimination of any kind can be allowed to fester in this province?

MR. KLEIN: Mr. Speaker, I take great exception to those remarks. I in no way, shape, or form condone discrimination of any nature. This was a matter of law. This was a matter of law and an interpretation of the Charter of Rights as it related to our own human rights legislation. Indeed there was a court case; there was a trial. Mr. Vriend won at the trial stage. There was an appeal. The province of Alberta won at the appeal stage through the Alberta Court of Appeal.

MRS. SLOAN: The highest court in the land says you were . . .

MR. KLEIN: Will you please shut up? [interjections] Well, Mr. Speaker, if they do not want to hear the answer, then don't ask the question.

Speaker's Ruling
Inflammatory Language

THE SPEAKER: Hon. members, the purpose of question period

of course is to seek information. Inflammatory words and statements do not do justice to anyone in the Assembly even though the words may be appropriate in terms of parliamentary tradition.

MR. MITCHELL: "Shut up" is a pretty inflammatory word, Mr. Speaker.

Sexual Orientation
(continued)

MR. MITCHELL: Does the Premier not understand that if he doesn't stand and oppose discrimination whenever it is in doubt, whenever it is in question, then he condones discrimination, Mr. Speaker?

MR. KLEIN: Mr. Speaker, I don't condone discrimination. I was explaining. There was a trial. There was an appeal. At the trial stage Mr. Vriend won. At the appeal stage the Alberta government won. It was subsequently taken to the Supreme Court of Canada, where the whole question of the constitutionality, the legality of the situation was clearly defined by the Supreme Court of Canada.

As it stands today, the human rights legislation of this province now includes – now includes – sexual orientation, because it has been read into the law. The Supreme Court decision has been read into the act. It is there. As of this very, very moment Mr. Vriend or anyone else who wants to file a complaint with the Human Rights Commission based on sexual orientation can do so.

MR. MITCHELL: Mr. Speaker, it's very easy. Will the Premier stand in the next very moment – in the next very moment – in this Legislative Assembly and say that he will lead his caucus to make sure it doesn't change from this moment onwards?

1:50

MR. KLEIN: We have no intention. The public statement we have been making, Mr. Speaker, is that certainly there are some long-term implications relative to this legislation. The question was never discrimination relative to housing and employment. There were a lot of other factors relative to the Vriend situation. The case that was heard was his right to have access to the Human Rights Commission, which did not at the time have in its act sexual orientation. It now does.

Certainly we have been getting a lot of calls both pro and con. I mean, people are very, very emotional about this. [interjections] Well, I don't know. Are you not getting any calls? Will the Liberals stand up and say that they are not getting any calls on this matter, Mr. Speaker? If they do, if they say they are getting no calls, I think they're fibbing. [interjections]

Speaker's Ruling
Decorum

THE SPEAKER: Okay. Okay. [interjections] Please. The Premier has the floor, hon. Leader of the Official Opposition. Hon. Opposition House Leader, there's a tradition in this place that somebody asks a question and somebody responds to the question. Periodically there are some interjections and that sort of thing. That happens periodically, but it doesn't have to happen every three seconds.

Hon. the Premier, you have the floor. Would you please conclude with your response?

Sexual Orientation

(continued)

MR. KLEIN: Well, Mr. Speaker, yes. The law as it now exists, as it exists at this very moment, and as it probably will exist for all time is that this has been written into it, but there are a lot of other questions that need to be answered relative to the whole issue of sexual orientation. We will be bringing back to our caucus within a week an assessment of the judgment. It's a 100-page judgment. Has this hon. member read all 100 pages right now? Does he have it clear in his mind what each and every word says and how each and every page and word should be interpreted? I don't think so.

I think that, first of all, we should have the opportunity. It took five months for the Supreme Court of Canada, Mr. Speaker, to render their ruling. I think we should have one week to provide a reasonable response over and above that we've already provided. The response we've provided is that it is now in the law, and I think that's important.

Relative to the implications of this from a constitutional point of view, from a legal point of view, from a human rights point of view, from a financial point of view, these are all the issues that we need to examine in detail. I can tell you this: had the courts not written into our law the decision, that indeed was the number one option that our caucus was considering, and we were going to act on that immediately anyway.

THE SPEAKER: Second Official Opposition main question. The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you, Mr. Speaker. The government in 1993 had appointed a panel. The panel traveled across Alberta to review Alberta's human rights law. The panel listened to 167 public presentations, reviewed over 1,700 written submissions, and in 1994 that panel unanimously recommended that sexual orientation be included as a prohibited ground for discrimination in our statute. My question to the Premier this afternoon: given what he's just said a moment ago, will he further undertake that in this spring session of the Legislative Assembly he will amend in express words the Alberta Human Rights, Citizenship and Multiculturalism Act to outlaw discrimination on the basis of sexual orientation? He absolutely has to do that.

MR. KLEIN: Mr. Speaker, the hon. member is a lawyer. Does he not understand what it means to read in the law? Why would you amend legislation if it has in fact already been amended by virtue of the Supreme Court of Canada, the highest court in the land? Does he not agree with the Supreme Court of Canada? Does he not agree with the rules of the Supreme Court of Canada and the powers that this court has in terms of reading into provincial legislation a law?

MR. DICKSON: Thanks, Mr. Speaker. My follow-up question to the Premier is this: given that the Premier's lawyer has argued on our behalf in the Supreme Court of Canada that the Legislature has, quote, chosen a neutral silence, close quote, can the Premier explain just how he squares that argument with his record, a record of ignoring the recommendations of the 1993 consultation, refusing to deal with this issue when he amended the human rights law just two years ago?

MR. KLEIN: Mr. Speaker, it has been read in. Relative to the recommendations, I can't speak for the then minister, but there

were a number of recommendations in that report that were accepted. These people over here, when they sit around in caucus, unless it's run in such a dictatorial manner that whatever the leader says, you know, has to go – every recommendation that comes forward from a member of the Liberal caucus is not necessarily accepted by the caucus. I would think that it doesn't work that way. I would hope that it doesn't work that way. If it does work that way, then they have a caucus that flies in the very face of democracy.

MR. DICKSON: Mr. Speaker, I'm tabling an excerpt from the *Edmonton Journal*, January 6, 1993, and asking the Premier why, when the Premier was trolling for votes in 1992 in his leadership campaign, he or his campaigners promised GALA, the Gay and Lesbian Awareness group, that if they supported him for Premier, he would outlaw sexual orientation in statute and he'd do so in six months. Why another broken promise, Mr. Premier?

MR. KLEIN: Well, Mr. Speaker, I do not recall making that statement at any time. Where was that statement made? They stand up, and they throw out these comments. Where did they have this statement? Where is it published? Will you show me the publication? [interjections] Will you hand it to a page and bring it over here right now, because I'd sure like to have a look at that. [interjections] What newspaper? What is the name of the newspaper? You know, I mean, I can pick up bits and pieces of paper from here and there and so on.

“Promise was made to get vote out, GALA says.” [interjections] Mr. Speaker, it says that “a Klein volunteer, spoke to him three times in the final week of the campaign, soliciting support for Klein.” [interjections]

Speaker's Ruling

Questions about Media Reports

THE SPEAKER: Actually, hon. members, the purpose of question period is not to verify statements in newspapers.

Third Official Opposition main question. The hon. Member for Edmonton-Riverview. [interjections]

Sexual Orientation

(continued)

MRS. SLOAN: Human rights and freedom from discrimination are the basic tenets of a free and democratic society. [interjections]

THE SPEAKER: Actually, Mr. Clerk, how much time is there left in the question period? Thirty-seven minutes. That would be a great recess. That is an option, but that would not do justice to any member in this House.

The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Human rights and freedom from discrimination are the basic tenets of a free and democratic society. In Alberta it appears that a ministerial task force and public opinion poll is required to determine who is entitled to the full rights of freedom. To the Provincial Treasurer and member of the task force on human rights: for the record will you distinguish between your views and biases on sexual orientation and your ministerial responsibility to preserve and uphold individual and societal freedom?

THE SPEAKER: Hon. members, the purpose of question period

is not to solicit personal opinions and personal views.

Second question, please.

MRS. SLOAN: To the Provincial Treasurer: do you see a conflict of interest between the views that you might hold personally and your ministerial responsibility to preserve and uphold . . .

2:00

THE SPEAKER: Let's move on to the third question. Once again, the purpose of question period is not to solicit personal opinions.

MRS. SLOAN: All right. [interjections]

THE SPEAKER: Hon. members, we've dealt with the last two. Let's move to the third one, hon. member.

MRS. SLOAN: Thank you, Mr. Speaker. I'd be pleased to. To the Provincial Treasurer: could the minister state for the record what he believes the role of the task force he is chairing is with respect to preserving and upholding individual and societal freedom?

MR. DAY: I am not chairing a task force on that. And I would suggest that her red dress is as red as the previous member's red face for this type of very misleading question that they're putting upon this Assembly.

THE SPEAKER: The hon. leader of the ND opposition.

MS BARRETT: Thank you, Mr. Speaker. A few weeks ago the government attempted to invoke the notwithstanding clause and said that it was an issue about money, money, money. They tried to deny Albertans the legal right to get fair settlements. A few minutes ago the Member for Edmonton-Beverly-Clareview caught my eye while he went like this to the emergency motion I'm asking to sponsor this afternoon. I haven't heard a clear commitment from this government. Will the Premier now commit categorically to never invoking the notwithstanding clause, given what happened this morning from the Supreme Court?

MR. KLEIN: Mr. Speaker, the notwithstanding clause is there for every provincial jurisdiction to use when it is deemed to be proper to use. Relative to Bill 26 certainly this caucus came back, and we had a good examination of this. We said that this was not the time or the place to use it. I've also given a public undertaking – a public undertaking – that if the notwithstanding clause is ever to be even considered again, there would have to be full and open and intensive public consultation.

MS BARRETT: Mr. Speaker, it is very clear that that governing caucus is split on this issue. It is very clear. My question to the Premier is this: given that he is more open to including sexual orientation in the human rights code than some of his caucus, will he agree to take some leadership on the issue and actively persuade his caucus to do the right thing and never invoke the notwithstanding clause on sexual orientation?

MR. KLEIN: Mr. Speaker, no single member of a caucus can invoke the notwithstanding clause. That would have to be a government decision. That is a tool that is available to the government or a Legislature relative to a number of issues that affect the Constitution. Again I repeat that first of all we have a

process that we're putting in place, and that is really to examine in detail the judgment, all 100 pages of the judgment. We have agreed to accept that the law is now amended by virtue of the judgment being read into the human rights legislation, that it is in fact, as we speak, right now, this very, very moment the law of this province, and we will have a good discussion.

You know what we would like to hear, Mr. Speaker? I don't know if these people over there think their constituents are important. We do. [interjections] Yes. They alluded to the fact that really we should just be jumping up and making all these decisions and that really it's our job, that we shouldn't be listening to our constituents. Well, we do like to listen to our constituents, and I think a week is little enough time to take to deal with such a complex matter that could have such far-ranging implications. A week, Mr. Speaker, but in the interim certainly we have accepted that the law of the land is the law that now has been read into the human rights legislation, which in fact says that anyone who wants to appeal to the Human Rights Commission on the basis of sexual orientation can do so.

MS BARRETT: It says a lot more than that, Mr. Speaker.

My final question to the Premier is this: given . . .

MR. HAVELOCK: Give us time to read it.

MS BARRETT: I've read quite a bit of it, and I'll read excerpts in a while.

Mr. Speaker, given what the Premier just said, is he saying that basic human rights are issues that you go out and do public opinion polls about before you make up your mind, like VLTs? Basic human rights? That's what he just said.

MR. KLEIN: Well, basic human rights, Mr. Speaker. No, I think everyone adopts the fundamental principle. And we did, even prior to this case going to the Supreme Court of Canada. We have always subscribed to basic fundamental rights, and we've always opposed discrimination. I mean, just look at this caucus here. Look at the tremendous mosaic of this caucus. We oppose as much and as vigorously as anyone else the whole notion of discrimination.

This was a matter of law, and that matter of law had to be decided based on a trial, based on an appeal, with totally different opinions, and to have one final decision by the highest court in the land. That decision now has been written into our legislation.

THE SPEAKER: The hon. Member for Red Deer-South, followed by the hon. Member for Edmonton-Glenora.

Adoption Records

MR. DOERKSEN: Thank you, Mr. Speaker. This past January the task force committee on open adoption records made a public presentation to the standing policy committee. The Minister of Family and Social Services promised at that time to review their request to open up adoption records. My question is to the Minister of Family and Social Services. Will the minister explain what steps he has taken to change the legislation to permit open adoption records?

DR. OBERG: Thank you very much, Mr. Speaker. I must apologize to the Assembly that my answer will seem a little anticlimactic compared to what has just taken place. I don't have any sticky things to stick on me, but such is life.

Mr. Speaker, the hon. member is exactly right. The committee came before the standing policy committee, and at that time I gave them the undertaking that I would take a look at opening adoption records. We are in the process of discussing this. We are in the process of looking at it. We have come forward with some legislative changes that will be taken to the standing policy committee. So I would advise the hon. member to make sure he's there. There are some very good changes.

Mr. Speaker, what I've said to the people that have come before me is that this is a case where I as minister have to protect the minority. I realize it's a minority, but I have to protect the minority who do not want these adoption records opened. If the people that came before me – and I've given this challenge to them – can tell me how we can open adoption records yet still protect the minority of people who do not want the adoption records open, I'd be more than happy to do that.

MR. DOERKSEN: To the same minister: is it possible to have access to adoption files through the court process?

DR. OBERG: Mr. Speaker, that's a very good question. The adoption records are sealed by the court following adoption. There have been a couple of cases. There was one case in central Alberta, for example, where the person received his adoption records, but this was already after the individual gained the knowledge of who his parents were. So this was quite simply just giving him the information he already had. But as of today in Alberta the court records are sealed when it comes to an adoption.

MR. DOERKSEN: My final question is also to the Minister of Family and Social Services. Will the minister take any interim steps to permit easier access to records in cases where obtaining family medical history is a necessity?

2:10

DR. OBERG: Yes, Mr. Speaker. The law presently states that when there is an issue of medical diseases, when there's an issue of urgency, the minister has the obligation and the ability to open adoption records at any time. Quite frankly, probably about 10 to 12 times per year I open adoption records in case of genetic illnesses, in case of illnesses that run in families, and this very important information is passed on to the adoptive parents and the adoptees.

THE SPEAKER: The hon. Member for Edmonton-Glenora, followed by the hon. Member for Livingstone-Macleod.

Health Care Labour Relations

MR. SAPERS: Thank you, Mr. Speaker. I'm glad to hear of the Premier's commitment to listen to constituents because today in Calgary between 500 and 600 licensed practical nurses and nursing assistants continue to walk the picket line at the Bethany care centre and the Dr. Vernon Fanning centre, both in Calgary. These frontline workers have been without a contract for nearly one year, and in spite of their offer to enter into mediation, their employer refuses to bargain without the threat of fines and other disciplinary action. These workers had their wages rolled back by 5 percent in 1994, and they took a further 2 percent rollback in 1997, and many of them had their jobs reclassified to lower paid positions. My questions are to the Premier. Why has the Premier allowed the Minister of Labour to do nothing at all while hundreds of hardworking Calgarians are forced to risk legal repercus-

sions just so that they might have a chance to negotiate a fair labour settlement?

MR. KLEIN: Well, Mr. Speaker, nothing could be further from the truth. The Minister of Labour has been very, very busy these days.

MRS. SLOAN: Doing what?

MR. KLEIN: Well, as a matter of fact, the Minister of Labour and myself met with the head of the guild and the president of AUPE, certainly with regards to the situation here in Edmonton but also with the situation in Calgary. There was a general agreement that everyone would get back to the table and start to bargain in good faith. That obviously happened yesterday, because the situation in Edmonton has been settled. I think that we're all breathing a sigh of relief today that indeed it has been settled. If there is anything the Minister of Labour can do through the offer of mediation services – and that's really what led to the settlement yesterday, mediation that began at about 1 o'clock in the afternoon – I'm sure those services would be available.

I'll have the hon. minister supplement.

MR. SMITH: Thank you, Mr. Speaker. That's entirely correct. In fact, the ability to mediate is there. It has been ongoing. It continues. I think the frustration that creates a will in people to break the law is always difficult, and that has to be dealt with accordingly. Most importantly, the purpose of the provincial government is to build working relationships, to build an environment that facilitates and expedites labour agreements, secondly, to recognize productivity gains through technology, and thirdly, to see pay packets increase across Alberta. In fact, if you look at average Canadian weekly earnings, you'll note that Alberta consistently runs 8 to 10 percent above the average of all of Canada. That's consistently the case today. So we continue to work with them.

MR. SAPERS: Thank you. My second question is also to the Premier. Given that the meeting he referred to dealt specifically with the negotiations in Edmonton, specifically with the labour unrest in the city of Edmonton, will the Premier immediately convene a meeting between the Canadian Health Care Guild, the Carewest group, Bethany Care, and the Minister of Labour to deal specifically with the labour dispute in Calgary?

MR. KLEIN: Well, my recollection of the meeting yesterday, certainly we alluded – because the president of the guild was there – to the situation in Calgary. It was my understanding that that memorandum we agreed upon would be extended to Calgary as well on behalf of the guild. So I just don't know where the situation is today, but perhaps the hon. minister can bring us up to date.

MR. SMITH: Mr. Speaker, I detect a move by the member of the opposition to try and involve us directly in negotiation. Nothing could be in fact further from the case. Our job as the Ministry of Labour and the government of Alberta is to create the environment in which these settlements can take place in a fair and equitable manner. That's exactly what we've tried to do. We are not interfering with the bargaining process. We are not overriding or interfering or influencing the decisions of the Labour

Relations Board. We are in fact trying to act as a catalyst where required that can help expedite fair settlement that benefits both employer and employee, and we'll continue to do so.

MR. SAPERS: Thanks, Mr. Speaker. The Bethany care group and Carewest don't think that memorandum of understanding applies to them. So, Mr. Premier, I'll ask you one more time: given that both the employees and the employers who are embroiled in this labour dispute in Calgary are equally being held hostage by the government's health care and labour policies, will the Premier give his personal assurances that there will be no fines, no disciplinary actions arising from this strike, and that he will call on those employers to enter into mediation, just as he did in Edmonton? Will you do that, Mr. Premier?

MR. KLEIN: Well, Mr. Speaker, you know, the Minister of Labour is absolutely right in his comments. The floor of the Legislature is not the place to bargain. The place to do that is at the negotiating table. As the hon. Minister of Labour pointed out, if there are requirements for facilitation, for mediation, then the minister could be available, I could be available, or certainly members of his department, experts in this field, are always available.

As I've said before, in the Legislature we represent neither labour nor management, but we do want to make sure as much as possible that there is a good working relationship amongst all the labour and management groups. If we can do anything to facilitate that, we will.

Relative to getting into the specifics of whether those who are out on illegal strike will be fined, relative to getting into the specifics with respect to the negotiations, the dollar amounts, no, we don't get involved in those things.

MR. SMITH: Twenty seconds because of the importance of the issue. Mr. Speaker, let's again put in focus on the floor of the Legislature that there are 61 percent of unionized health care staff currently working under a collective agreement that has been consummated, agreed to by both parties. It's happened without breaking the law, without resorting to illegal strike action, and we're confident that can happen again. Also, that has happened without direct government intervention and will continue to do so.

THE SPEAKER: The hon. Member for Livingstone-Macleod, followed by the hon. Member for Edmonton-Calder.

Safety Code Enforcement

MR. COUTTS: Thank you, Mr. Speaker. With the major fire that ravaged parts of my constituency last December, the issue of fire investigations is important for my volunteer fire chiefs. On March 30 at the AAMD and C convention I met with members of the Willow Creek district to discuss some of these concerns. These councillors are concerned about the quality management plans, or QMPs, they must have in place to receive accreditation by Alberta Labour for fire investigations. So my question today is to the Minister of Labour. Can you please tell me why these quality management plans are so complicated?

MR. SMITH: Well, thank you, Mr. Speaker. It is the day of burning issues, so I'm pleased to respond to this. The implementation of the Safety Code Act in 1994 allowed municipalities the ability to do what was best for them in their area of influence, their area of accreditation. From that came quality management

programs or ways of doing business that directly affected their customer group. Now, as this unfolded, it was important to note that different plans of doing business to serve customers properly evolved in different areas of Alberta.

What we've done now is we've seen, after some good healthy individual creativity throughout the province, that there are areas where standardization and simplification can take place, and we'll be proceeding in that vein.

MR. COUTTS: Mr. Speaker, to the same minister: what are the liability issues for municipalities accredited under the Safety Codes Act?

MR. SMITH: Mr. Speaker, municipalities are exempted from liabilities by the Safety Codes Act as long as they carry out their responsibilities in good faith and follow good business practices. As we work with municipalities on their quality management programs or ways of doing business for their customers, we're going to ensure that we're going to provide our services as a customer-focused department to the municipalities so that they have the proper processes in place to carry out these responsibilities.

2:20

MR. COUTTS: Mr. Speaker, my final question to the same minister: is the minister willing to change the current safety code system so it is less of a burden on municipalities in their fire investigations?

MR. SMITH: It is a good question, Mr. Speaker, and of course this customer service department always remains attuned to what we can do better for our customers. When our customers are municipalities, we're more than happy to deal with them on a consultation basis in a wide division of discussion and public forums that say: "Let's talk about a review of the Safety Codes Act. We've come this far this fast; what can we do better? What can we do more efficiently? How do we gain that productivity in the marketplace and still serve our customers?"

THE SPEAKER: The hon. Member for Edmonton-Calder, followed by the hon. Member for Calgary-Fort.

Electric Utilities Deregulation

MR. WHITE: Thank you, Mr. Speaker. The Public Institutional Consumers of Alberta, representing all the hospitals, schools, and public colleges in the province of Alberta, is the latest organization to express concern about this government's policy on electricity deregulation. That makes, Mr. Minister, seven of 15 of the members of the minister's own stakeholder advisory committee who are on record now as wanting this government to change their policy to ensure that full return of the benefits is to the consumers. How can this minister insist that there is a consensus amongst that group when nearly half now have reservations about that policy?

DR. WEST: Mr. Speaker, the letter I'm holding from PICA states here, "We are generally supportive of the deregulation plan set out in Bill 27 and believe the legislation should go forward without delay."

MR. WHITE: Mr. Speaker, precisely. The minister neglected to say that they do have and express full concern about the reserva-

tions that the full extent of the benefits is not being returned to the consumers, and he knows it. What do you say to that? Read the letter.

DR. WEST: Well, Mr. Speaker, as stakeholders that have been involved – and yes they have, along with hundreds of others – we have assured them as we go forth with the regulations that they will be fully involved in the development of those as a stakeholder group. They are saying: get on with this bill, we need this bill, and we're willing to sit down with you. I mean, that's intended behind this if they say go forthwith with the bill.

MR. WHITE: Mr. Speaker, to the minister: why then are the interests of consumers not taking the same precedence in your mind and your policies as the utility companies?

DR. WEST: I don't understand the question.

The Public Institutional Consumers of Alberta . . . representing Hospitals, Schools and Public Colleges, have actively participated, together with other stakeholders, in the Electric Industry Restructuring effort to date. We are generally supportive of the deregulation plan set out in Bill 27 and believe the legislation should go forward without delay.

Signed, Michael Higgins, chair of PICA, and it's signed April 1, 1998.

THE SPEAKER: The hon. Member for Calgary-Fort, followed by the hon. Member for Edmonton-Gold Bar.

Health Care Funding

MR. CAO: Thank you, Mr. Speaker. Among the issues flying around, there is a very important and practical subject which can be a matter of life or death for every Albertan. It is the subject of health care. My question is to the Minister of Health. There is a news release from Alberta Health about the funding increase. Now, no doubt this is commendable to the minister and good news to health care and regional authorities. My question is: could the minister tell us what is the basis for this increase?

MR. JONSON: Mr. Speaker, in terms of the announcement of additional funding to the regional health authorities, the key component of the process that led to that decision was first of all that we received our most recent overall population figures for the province. There has been a substantial increase in population in the province. In addition there have been certain areas of the province which have experienced very rapid growth, and one of the factors was certainly population growth and the adding of money proportionately in that area.

Secondly, Mr. Speaker, there has been reassessment in terms of overall costs within the system with respect to everything from utilities to other operational costs. We have also, as has been mentioned several times in the Assembly, acknowledged receiving representation from the regional health authorities. Government MLAs have listened carefully to these presentations and put forward their recommendations and views. Also there was an overall presentation, a document that I received from the regional health authorities that outlined overall cost pressures. So putting those things together and looking at it very carefully, we have allocated an additional 6.2 percent to the RHAs as far as operational funding is concerned. This does not deal with substantial capital reinvestment.

MRS. BLACK: How much?

MR. JONSON: Six point two percent, or \$66.6 million, Mr. Speaker. We have announced that today, and I think it will be very important to the regional health authorities and of course very important for quality health care.

MR. CAO: Thank you, Mr. Speaker. The total increase is a large sum. So my question is: where do these additional increases come from? Is it from the health care premium increase or from gaming sources?

MR. JONSON: Mr. Speaker, the 66.6 million operational dollars that I referred to will have to be paid out of this year's budget. It will be a challenge that we will have to look at as a government, as a caucus in the months ahead in terms of being able to reallocate moneys so that can be paid out to the high-priority area of health care. There has of course been an additional amount of money, a very, very significant additional amount of money for Y2K costs and for capital equipment, and that has to a great degree come from our lottery funds.

MR. CAO: Thank you, Mr. Speaker. My last question is to the same minister. Albertans are very concerned about the overusage of our publicly funded health care system. Is there any program or effort to continue to make it more economical, efficient in delivery, and effective in caring?

MR. JONSON: I think, Mr. Speaker, the greatest incentive is the fact that being in good health is much more pleasant than being in bad health, and I hope all individuals consider that factor. In fact there have been a number of them recently announced. A number of prevention programs, such as the communicable disease immunization program, have been announced and are part of our overall budget. We have a number of health promotion initiatives. We have looked at the whole area of other incentives that we might build into the health care system. It is part of health reform, it is part of redirecting our health care system, and we are working on that area and always open to additional good ideas.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Calgary-Bow.

Dietary Technologists

MR. MacDONALD: Thank you, Mr. Speaker. Recent strikes by health care workers are not isolated cases of workers simply wanting a few extra dollars from their employer. Nurses, support staff, and other frontline workers are the ones paying the price for slashed funding and hasty restructuring. Dietary technologists were unjustly terminated by the Calgary district hospital group in 1994 and still have not received a fair settlement. My first question is to the Minister of Labour. Will the minister stop employers from skirting the Employment Standards Code by laying off workers without cause while suggesting that they might rehire them, when in reality their positions have been eliminated?

MR. SMITH: Well, Mr. Speaker, in fact last year 596 collective agreements were settled. There were 10 with work stoppages. The ability for Albertans to negotiate in a reasonable and temperate format is there. Again, as said earlier, we're here to provide the environment so that workers, employers, and business can flourish and prosper. That's happened.

With respect to the specific issue, the employment standards group has an excellent record of being able to enforce the standards that are there, and in fact if the standards aren't appropriate, we're right in the middle of asking Albertans to talk to us about standards, what they'd like to see changed. With respect to the very specific issue brought up by the member, I'd be more than pleased to shed any further light that I could upon further examination.

2:30

MR. MacDONALD: Thank you, Mr. Speaker. My second question is to the Minister of Health. Can he tell the three dietary technicians from Calgary who are sitting in the gallery this afternoon why, after a combined total of 57 years' service, they were terminated without cause by health authority administrators, who in the face of reduced funding for other workers, recently gave themselves a 3.5 percent increase?

MR. JONSON: Mr. Speaker, this is an individual case that I'm sure is very, very important to the individuals. It happened in 1994. I'm not aware of the circumstances of the case. As I recall, I was not in this portfolio in 1994. I do not know the background of the case.

MR. MacDONALD: Thank you, Mr. Speaker. Is the minister prepared to meet and discuss compensation to these workers – if he wants to inform himself of this file, these workers were not even offered a severance package or an opportunity to reapply – especially since the Premier justified cuts by saying that all Albertans affected will receive some form of fair severance?

MR. JONSON: Mr. Speaker, I and my department – I'm sure we would consult with the Minister of Labour and his department on any written, factual presentation that would be submitted to us on this particular case or any other, and we would follow up and investigate.

THE SPEAKER: The hon. Member for Calgary-Bow, followed by the hon. Member for Spruce Grove-Sturgeon-St. Albert.

Unlicensed Care Facilities

MRS. LAING: Thank you, Mr. Speaker. On March of 1995 I sponsored Motion 505, which urged the government to ensure that health and safety standards are being met in all personal care facilities. This includes the small, unlicensed facilities. This motion was passed unanimously in this Assembly. My question is to the Minister of Family and Social Services. Would the minister please inform this Assembly what recommendations came out of the interdepartmental committee which reviewed the unlicensed care facilities for clients, often vulnerable seniors?

DR. OBERG: Thank you very much, Mr. Speaker. There were three very important decisions that came out of that interdepartmental committee. The first was to go forward and develop broad-based interdepartmental standards for this residential care. The second was to establish a steering committee made up of the various departments as well as key stakeholders. The third, which I think is probably one of the most important, was to establish a registry so that the people who are looking to use these residential homes will have a registry that they can go to and see if the standards are being met in this particular home.

MRS. LAING: My supplemental question is to the same minister. Would the minister please explain when these things will happen, when these recommendations will come into being?

DR. OBERG: Certainly, Mr. Speaker. First of all, what has happened with the registry is that a voluntary registry has been set up at the moment and is working as a temporary measure until we can get a full, permanent, mandatory registry in place. In addition, the interdepartmental steering committee that I alluded to previously is up and running, and we're looking forward to this. We think it will help Albertans who are looking for residential care, and we think it will be a big bonus to them.

MRS. LAING: Thank you, Mr. Speaker. My last supplemental, again to the same minister: would the minister please inform the Assembly whether or not unscrupulous operators will be monitored and regulated to prevent the abuse that has happened in some of these small facilities?

DR. OBERG: Thank you very much, Mr. Speaker. First of all, I would like to say that I hope that there are no such things as unscrupulous operators out there, but I think all of us know that there has been that in the past, where unsuspecting seniors, unsuspecting dependent adults have been taken advantage of by these people. Our job is to ensure that this doesn't occur again. The biggest thing that we can do and that we are doing at the moment is developing provincial standards to take a look at residential care. We feel this is extremely important and will probably set the trend for Canada essentially. We're also working very closely with the various stakeholders to look into these standards. So I think we're taking huge steps in this direction.

head:

Members' Statements

THE SPEAKER: Hon. members, today three hon. members have indicated their desire to present a member's statement. We'll proceed in the following order: first of all, the hon. Member for Wetaskiwin-Camrose, followed by the hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Livingstone-Macleod.

Augustana University College

MR. JOHNSON: Thank you, Mr. Speaker. On Saturday, April 4, and Sunday, April 5, the Augustana University College department of music will present performances of J.S. Bach's monumental *Mass in D Minor* in Edmonton and Camrose. The 70-voice Augustana choral union will be joined by soloists Kathleen Lotz, Elizabeth Raycroft, Joy-Anne Murphy, Robert King, and Allan Monk and will be accompanied by the Professional Chamber Orchestra of Augustana.

A small liberal arts and sciences university in Camrose that offers three- and four-year degrees in music, Augustana University College has a history of excellence in music, performance, and scholarship. Its strong choral tradition has lasted more than 85 years, and in that time the residents of Camrose and area have enjoyed outstanding performances of the highest calibre.

The musical heritage of Augustana owes much to its early choir director Dr. Chester Ronning, whose name many will recognize as being a one-time member of this Assembly and later a distinguished Canadian diplomat. Under Dr. Ronning's direction this small private school, at that time known as Camrose Lutheran College, received many accolades at provincial music festivals.

Since those early years the music program has grown and flourished, thanks to the dedicated leaders that followed, including Mr. Ed Marken, Mr. Jim Neff, Mr. Jonathan Mohr, and presently Mr. Marc Hafso.

Over the years the Augustana choir has traveled extensively in Alberta, North America, and Europe. The present director of choral music, Marc Hafso, has received several provincial awards and a major grant from the Canada Council in recognition of his musical contributions to our province. In 1990 Marc and his wife, Judy, were commissioned by the Alberta government to open the Lieutenant Governor's conference on the family. They wrote and performed a mock oratorio with family members on Alberta's first Family Day in 1990 here in Edmonton.

The contribution to Alberta's culture from this small college in my constituency with its outstanding choral music program has been and continues to be significant indeed.

Thank you.

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

Labour Relations

MR. MacDONALD: Thank you, Mr. Speaker. The Alberta labour market is rapidly changing. Innovative approaches are needed to ensure that labour and business communities can work together to find solutions to their problems. We must ensure collective bargaining is conducted on a level playing field so that the positions of all employers and employees are clearly stated and solutions acceptable to all parties result from the process.

Three wildcat strikes by health care workers in this province in the last two weeks are proof that we need to change our attitude. Strikes by support workers in Edmonton and licensed practical nurses have clearly indicated the unstable nature of labour relations in this province. These workers had to deal with a 5 percent wage cut in 1994 but have also faced other pressures brought on by funding cuts, like reduced hours, increased responsibilities, and general anxiety about their future.

They are worried about their ability to provide for their families. When inflation is included in calculations, these workers have seen their yearly salaries decrease by 12 to 15 percent. LPNs in particular in the 1980s made 75 percent of what the registered nurses made, but they are now making approximately 57 percent of an RN's salary while they perform many duties that were once the responsibilities of RNs. The system is only still functioning because of their hard work and dedication, while their wages and working conditions have sunk to an even lower standard.

It is a tribute to their professional concern for their patients that actions that have occurred in the past few weeks have not occurred sooner and do not occur more frequently. Responsibility for these strikes and the situation health care workers find themselves in falls squarely on the shoulders of the Minister of Labour and this government.

The government has developed key performance measures to judge how well they are doing their job. According to their own measures this government is a dismal failure. Their goal is a good one, not to lose any work days to strikes. Sadly, the events of the past two weeks have clearly illustrated the government's inability to achieve this goal.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for Livingstone-Macleod.

2:40 Boundary Commission Anniversary Trail Ride

MR. COUTTS: Thank you, Mr. Speaker. Canada had assumed control of the lands west of the Great Lakes from the Hudson's Bay Company by 1870, and there was a need to find exactly where the Canada/U.S. border was. The governments of Canada, Britain, and the United States put their differences aside and formed a group of engineers, surveyors, soldiers, and Métis scouts and created the British/U.S. boundary commission. The commission established and documented the 49th parallel to what has become the world's largest unprotected international border.

In 1991 a group of historians fostered the idea of following the original commission's trail, beginning at Emerson, Manitoba, originally Fort Dufferin, through to Fort Macleod. The first group moved west, retracing the original boundary survey. Other groups have continued the boundary trek each subsequent summer, and the idea of reliving history had gained momentum.

This year on July 15, 1998, we'll see the final leg of this historic ride begin in Etzikom, Alberta, where 1,000 horses and riders and 100 wagons will wind their way across the prairie by the Whoop-Up Trail to Lethbridge and the original site of Fort Kipp and on to Fort Macleod.

The town of Fort Macleod already has the hospitality doors wide open as the trek ends on July 25. The camping area near the original fort site will host a barbecue, dance, and social, and the historic main street will be open for business. Live theatre, fort museum tours, the RCMP Musical Ride will be the hit of the day. By the way, don't forget a visit to Head-Smashed-In Buffalo Jump.

Mr. Speaker, I invite everyone to come see this historic ride and take part in experiencing our living history, as this event is only a prelude to next year's ride on the 125th anniversary of the RCMP. Then just when your saddle sores have healed, you can come join the north/south 2000 ride between Fort Benton, Montana, and Fort Macleod, Alberta.

head: Projected Government Business

THE SPEAKER: The hon. Opposition House Leader.

MR. SAPERS: Thank you, Mr. Speaker. I would call upon the Deputy Government House Leader to share with the Assembly the projected government business for next week.

MR. HANCOCK: Mr. Speaker, I'd be pleased to do that. I'll get my dates right this week. On Monday, April 6, after 1:30 p.m. under Government Bills and Orders for second reading we anticipate proceeding with Bill 34, the Municipal Government Amendment Act; Bill 35, the Colleges, Technical Institutes and University Statutes Amendment Act; Bill 37, Health Statutes Amendment Act; Bill 38, Public Health Amendment Act; Bill 21, the Alberta Health Care Insurance Amendment Act; and Bill 40, the Senatorial Selection Amendment Act; and as per the Order Paper, depending on progress this afternoon. At 8 p.m. under Government Bills and Orders, Private Bills, and Committee of the Whole we will deal with bills Pr. 1, Pr. 2, and Pr. 4, and bills 23, 28, 33, 36, 24, 27, and anticipating we'll be moving speedily through that, as per the Order Paper.

On Tuesday, April 7, at 4:30 p.m. under Government Bills and Orders, Private Bills, third reading for bills Pr. 1, Pr. 2, Pr. 3, and as per the Order Paper; second reading on Bill 40; Committee of the Whole on Bill 27. At 8 p.m. under Government Bills and Orders in Committee of the Whole, Bill 2 and Bill 27, and as per

the Order Paper based on progress on Monday and in true consultation with the opposition House leaders.

On Wednesday, April 8, at 8 p.m. under Government Bills and Orders in Committee of the Whole, bills 25, 27, and as per the Order Paper, based on progress Monday and Tuesday and in consultation with the opposition.

On Thursday, April 9, after 1:30 p.m. under Government Bills and Orders for second reading, Committee of the Whole, and third reading, all as per the Order Paper and based on progress on Monday, Tuesday, and Wednesday and in consultation with the opposition.

THE SPEAKER: During question period two hon. members rose and indicated their desire to rise on a purported point of order. We'll proceed on this basis: first of all, the hon. Member for Edmonton-Glenora, and then the hon. Deputy Government House Leader.

The hon. Member for Edmonton-Glenora.

Point of Order Abusive Language

MR. SAPERS: Thank you, Mr. Speaker. I rise under Standing Order 23(j), which refers to the use of "abusive or insulting language of a nature likely to create disorder." I'm specifically referring to a response given by the Treasurer to a question put by the Member for Edmonton-Highlands. During that time the Treasurer stood, and as he has from time to time, instead of addressing the question that was put to him, he used the opportunity to go much further afield and to go back and make some kind of accusation against the Member for Calgary-Buffalo, who at that point had already taken his seat and had finished his round of questioning, and indicated by using words to the effect of "misleading" that the Member for Calgary-Buffalo had in fact done something that was out of order and inappropriate. Of course, my colleague from Calgary-Buffalo did nothing of the same. [interjections]

As we are witnessing right now, Mr. Speaker, it's not unusual for the Treasurer to have these kinds of rather juvenile outbursts. It's about time, I believe, that he is called to order for his often invocation of language that is abusive or insulting or of a nature likely to create debate and disorder in this Assembly.

So I would hope that the Treasurer would do what is only honourable; that is, withdraw any suggestion he left in this Assembly that the Member for Calgary-Buffalo in any way did or attempted to mislead the Chamber.

THE SPEAKER: To the point of order, the hon. Provincial Treasurer.

MR. DAY: Thank you, Mr. Speaker. First of all, *Beauchesne* 490 is very clear. "Since 1958, it has been ruled parliamentary to use the following expressions," and one of those deals with "misleading" or if somebody has "misled" the House.

The Member for Calgary-Buffalo – and I believe that's a point of order that's to follow this one – clearly misled the House. He stood up, waved a piece of paper from the source of all wisdom and truth, that being the *Edmonton Journal*, and said that the Premier had endorsed the gay and lesbian association back in 1993. That's what he said, that the Premier had done that. The Premier, whose instincts are better than anyone else's in the House, stood and waited until he received a copy . . .

MR. MITCHELL: He didn't say that.

MR. DAY: Hey, buddy. Hey, pal, I'm talking now. You have to be quiet. Thank you. [interjection] Would you be quiet, please?

MR. MITCHELL: You're misleading the House.

MR. DAY: Would you please be quiet?

MR. MITCHELL: No.

MR. DAY: Yes. Be quiet. [interjection] You be quiet. You can stand up on a point of order.

MR. MITCHELL: Okay; I will.

MR. DAY: Thank you for being quiet. It took you a while.

So, Mr. Speaker, the member stood up, waved an article from the *Edmonton Journal*, and said that the Premier had supported and would support the gay and lesbian association as related to sexual orientation rights. That's what the Member for Calgary-Buffalo said.

The Premier quite wisely, while he stood here, asked and waited for that particular newspaper article to come over here. The Premier is not quoted in the article. The only person quoted is a worker, who then further down in the article says: it is foolish for anybody to think that I, the worker, would have said such a thing.

The Member for Calgary-Buffalo, whatever his words were, attempted to mislead the House and the people of Alberta. It was a blatant attempt to mislead. It was false information.

Then, at that point, when the next question coming from the wanna-be leader from – I forget; help me, Linda. – Edmonton-Riverbend stood up, I made reference to the colour of her clothing today . . .

MRS. SOETAERT: Yeah. Well, we don't make fun of your tie.

MR. DAY: Yes, you do; you make fun of my tie quite a bit.

MRS. SOETAERT: Not publicly.

MR. DAY: Yes, you have.

Mr. Speaker, I made reference to the fact that her dress, being red, was as red as the face of the Member for Calgary-Buffalo, who ran scurrying – sorry; I take that back; I can't say that – who shamefacedly sat there and trembled and hung his head in shame because he realized that not only had he misled the House, but he had been caught cold-handed by the Premier himself. Now, I'm not speaking to that point of order. That, I understand, is following, from the Deputy Government House Leader.

I'm referring to the point of order under *Beauchesne* 490. There is no point of order. It is parliamentary on occasion to use the word "misled." That's what I did because that is what he in fact did.

2:50

THE SPEAKER: One thing is very clear to me, and it should be very clear to all members of this Assembly. You're all experienced now. There's not one person in here who has been in this House for less than a year. Surely in any profession, in any occupation, in any vocation after a minimum of one year people

expect some understanding and some responsibility. All members of this House know the rules.

One of the rules is that question period is not to be used for the verification of materials in newspapers. That having been done in the mood today leads to other things. There are contradictory statements in this Assembly with respect to the use of "misleading". Fair. The bottom line of all of this is that this is what question period is all about. It leads to this sort of point of order, and it leads to this kind of a display, and it seems to me that citizens should actually ask themselves what they would expect from hon. members.

The hon. Minister of Intergovernmental and Aboriginal Affairs.

Point of Order

False Allegations

MR. HANCOCK: Mr. Speaker, I rise on a point of order today under 23(h) and (l), under *Beauchesne* 409(7), and I should be rising under 408 as well, but you've already commented on that.

MR. MITCHELL: Surely it's just a small technical legal matter you're speaking about.

THE SPEAKER: Okay; let's move on.

MR. HANCOCK: Mr. Speaker, I don't rise on points of order except to defend them normally because I consider, as the Minister of Energy has said from time to time, that we should only raise points of order on matters of a very serious nature. The point of order that I'm raising today is a matter . . . [interjections] Mr. Speaker, I consider the decorum of this House to be something that's extremely important, and I wish that some of the other members would as well.

The matter that I'm raising today is a question raised by Calgary-Buffalo, using a newspaper article and alleging that the Premier of our province had made a statement. You've already ruled on the point of order about using newspaper articles and asking for verification, but it goes beyond that. There was a clear allegation made that the Premier had made a statement. When I finally obtained a copy of the article, it is clear on the face of it that no such statement was made, that the allegation was entirely false. Anybody reading the face of the article which Calgary-Buffalo tabled could read in it that the statement he was using as the basis for his question was totally inaccurate and false. That is an abuse of the process of question period. That is misleading the House. It's not adhering to the proprieties of the House. In fact, if it's not, it should be raised as a point of personal privilege. It's only the fact that it's the Premier that he doesn't raise it.

Mr. Speaker, I would ask you to ask the hon. Member for Calgary-Buffalo to do the honourable thing, to indicate that he should not have made that allegation based on the article. I wish I had the benefit of the Blues to quote what he said exactly, but I think all members of the House heard what he said. All members now have the opportunity to review the article. The record should be clear, and we would ask you to ask Calgary-Buffalo to withdraw his remarks and to bring some propriety back to this House.

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

MR. SAPERS: Thank you, Mr. Speaker. I was listening closely to the Deputy Government House Leader because, unlike some

members of the front bench, he doesn't rise often on points of order one way or the other, so I was expecting a substantive argument to be put.

The facts of this circumstance in my understanding are as follows. The Premier was asked a question about his commitment to protect gay rights, and my colleague from Calgary-Buffalo referenced in part, in one of his questions to the Premier during question period, a newspaper article that appeared in the *Edmonton Journal* on January 6, 1993. The substance of that newspaper article is that workers representing themselves to represent the Premier made commitments that if the gay and lesbian community supported the Premier in his bid to become leader of the Progressive Conservative Party, he would promise to change the Individual's Rights Protection Act, as it was known at the time, to include sexual orientation as grounds protected against discrimination.

Now, the Premier was asked to verify whether or not this was the case, and he was given an opportunity in question period to explain whether or not his position as Premier, his position as leader of the Progressive Conservative Party, or the position of the government had changed between 1993 and 1998, and if it had changed, why had it changed, and under what circumstances would he have made the representation or would people on his behalf have made the representation.

Mr. Speaker, this is not the first time nor do I imagine it will be the last time that news reports become the basis of questions or responses in this Assembly. There have been several occasions, even this week, when members of the executive of government have referred to newspaper articles in support of their answers.

The Member for Calgary-Buffalo clearly did not mislead. As the Deputy Government House Leader talks about points of personal privilege, I will note that 489 does talk about the word "mislead" being unparliamentary. We also know that *Beauchesne* tells us that words from time to time may be considered parliamentary or unparliamentary. But this is far greater than simply a disagreement amongst members. When the Member for Edmonton-Whitemud says that what he would suggest is that perhaps this could be a point of privilege, I would argue that my colleague from Calgary-Buffalo has the point of privilege, because now two members of the front bench have accused him of purposefully misleading this Assembly, when nothing is further from the truth. The intent of the question clearly, Mr. Speaker, was to determine whether or not the Premier made a commitment and, if he did make a commitment, what the nature of the commitment was and if that commitment has changed or varied since 1993, particularly in light of the Supreme Court ruling, which today has said that Alberta has no choice but to come into the modern age with its human rights legislation.

So, Mr. Speaker, it's very sad that we would be standing in the House on this day, the day the Supreme Court has finally corrected a deficiency in Alberta law, and having to argue this point. Obviously the government is sensitive about this, as they should be. They should be embarrassed about this.

There is clearly no point of order as there was no attempt to mislead, except perhaps what happened as reported in the January 6, 1993, edition of the *Edmonton Journal*.

THE SPEAKER: Well, I'm going to bring this matter to a head by doing two things. First of all, I'm going to quote what was said in question period by the hon. Member for Calgary-Buffalo.

Mr. Speaker, I'm tabling an excerpt from the *Edmonton Journal*, January 6, 1993, and asking the Premier why, when the Premier was trolling for votes in 1992 in his leadership campaign, did he

or his campaigners promise GALA, the Gay and Lesbian Awareness group, if they supported him for Premier, he would outlaw sexual orientation in statute, and he'd do so in six months. Why another broken promise, Mr. Premier?

Then the Premier responds and says:

Well, Mr. Speaker, I do not recall making that statement at any time. Where was that statement made? They stand up and they throw out these comments. Where did they have this statement? Where is it published? Will you show me the publication? Will you hand it to a page and bring it over here right now?

The second thing I'm going to say is I'm going to refer all hon. members to *Beauchesne* 408(1)(b). It's a long-established practice that questions should "not inquire whether statements made in a newspaper are correct."

Then I heard two arguments back and forth with respect to a point of order, but I also heard "privilege" used on both sides.

So I'm going to let the matter go and wait until Monday and see if any hon. member raises a point of privilege with respect to this matter.

head: Request for Emergency Debate
3:00 Sexual Orientation

THE SPEAKER: We have notice, as well, of an hon. member who has advised the House, advised the Speaker in the appropriate way that the hon. member wishes to rise and present a Standing Order 30 motion.

The hon. Member for Edmonton-Highlands.

MS BARRETT: Thank you, Mr. Speaker. I believe all members were here earlier, so I won't bother reading the motion again. It does have to do with the Supreme Court ruling on Vriend, and it's on your desks.

The urgency is this, Mr. Speaker. One, I could put a motion on the Order Paper, but we'd never get to it. So that's just not a realistic option. Number two, it is clear that there is dissention amongst the government ranks on whether or not to invoke the notwithstanding clause.

Now, I heard the Premier say that he would have a decision within a week. However, I think it is important to democracy that on this historic day we find out whether or not a majority of members of the government caucus would be supportive of invoking the notwithstanding clause in order to get around the Supreme Court ruling. That ruling, by the way, makes Alberta consistent with every other jurisdiction in the country, which voluntarily through their Legislatures changed their legislation to protect gays and lesbians from sanctioned discrimination. It seems to me that this is the day to do this on. I guess I'm saying that this is our chance to smoke out where people stand so that Albertans tonight can know whether or not they have to worry about whether the notwithstanding clause will be invoked.

I listened to the comments of the Premier, and I was somewhat encouraged to hear some of what he had to say until he said: well, we might just start kind of polling. I would like to know if they plan to poll in a fair fashion. Maybe the government members would rise and tell us in what fashion they would like to do that polling.

We are technically in a legislative void in Alberta. I think that speaks to the issue of urgency. We have not seen a proposal nor did we get a commitment for a proposal to actually change our human rights legislation.

I think that's it. I think the issue of urgency is quite clear. Today was the day of an historic decision. We need to know

where the government is headed on this. Albertans have the right to know. This is the only occasion when we can do that in a democratic fashion. Let's get everybody on the record. No one has to speak their full five minutes. They can just address the issue: would you be in favour of invoking the notwithstanding clause or not?

Now, this Assembly doesn't make a decision in this debate. All we have to do is talk about it under the concept of the Charter of Rights and Freedoms, as I proposed earlier.

Thank you, Mr. Speaker.

THE SPEAKER: Before recognizing the hon. Leader of the Official Opposition, I just want to reaffirm to all members what Standing Order 30(2) says.

The member may briefly state the arguments in favour of the request for leave and the Speaker may allow such debate as he considers relevant to the question of urgency of debate and shall then rule on whether or not the request for leave is in order.

I want to thank the hon. Member for Edmonton-Highlands for, number one, being brief and to the urgency of the question.

The chair is prepared at this point to recognize the hon. Leader of the Official Opposition and the hon. Deputy Government House Leader and at this point doesn't see why he would need to call on additional members.

The hon. Leader of the Official Opposition.

MR. MITCHELL: Thank you, Mr. Speaker. The matter raised by the leader of the New Democrats under Standing Order 30 is urgent because the government did not do instinctively and immediately what is so obviously right to do with respect to the Supreme Court ruling today.

If the Premier had unequivocally said that he and his government endorse the Supreme Court ruling and if he had unequivocally said that he will bring a piece of legislation to this Legislature to change the Individual's Rights Protection Act to make a visible and public commitment to the Supreme Court ruling, then there would not be urgency to this matter today.

However, in this Legislature today, the first chance that the Premier had to respond officially to the Supreme Court ruling in the Legislative Assembly, he refused to endorse unequivocally the Supreme Court ruling, and he refused to defend, therefore, definitively all Albertans against any form of discrimination. That he would have had one moment of delay or doubt about endorsing the Supreme Court ruling reveals that his government would under some circumstances contemplate that it is justifiable to discriminate. It is never justifiable to discriminate, Mr. Speaker, and no end can ever justify the means if that means is discrimination. Harboring that festering thought for the briefest of moments . . .

THE SPEAKER: Hon. leader, the purpose is urgency. That's the subject under Standing Order 30. [interjection] No. I'm listening very attentively, and we're giving reasons. It's urgency. That's the question under Standing Order 30.

MR. MITCHELL: Mr. Speaker, this failure to act instinctively and immediately raises questions about the government's ability to govern with credibility. Harboring that festering thought for the briefest of moments brings directly into question this government's ability to govern with legitimate authority and to rule on issues that affect people's lives daily with any credibility whatsoever. In failing to do what should have been done today, the Premier raises doubts about his government's commitment to the range of things that will be discussed in this Legislature immedi-

ately this afternoon and next week and the weeks after that.

I refer again, Mr. Speaker, to the Reverend Neimoeller, whom I quoted two weeks ago, and I will just paraphrase. He said: they came to take different groups away, and I wasn't a part of those groups, so I didn't do anything; they came to take me away, and there was nobody left to help.

Mr. Speaker, what I'm saying is that the urgency of this matter relates to its magnitude in people's lives and to the fact that the government cannot truly conduct itself with credibility and legitimacy until this matter is resolved. There is no more urgent reason for suspending the debate in the Legislative Assembly than the apparent predisposition of a government to deny anyone's basic human rights and then the need to air that and clarify that and get to the bottom of it so we can stop it festering in this province.

MR. HANCOCK: Mr. Speaker, there's no doubt that Albertans are very interested in the topic of the Supreme Court decision which came down today. There's no better way to be involved in the topic of discussion that came down today than to read the decision and to read it in its fullest context. It's a 92-page decision, as I understand it. I for one have not had the opportunity this morning to read it. I would very much like to have that opportunity.

AN HON. MEMBER: I have a copy.

MR. HANCOCK: I have it as well, but I haven't read it. If you've only read a synopsis, that's not good enough.

Mr. Speaker, the decision is effective immediately. The Supreme Court, as I understand from the excerpts that I've read, has said that reading sexual orientation into the Human Rights Act – that's now the law in Alberta. The discussion can go on, but the law is clear. The Supreme of Court of Canada has ruled it in. There is no urgency for us to debate this issue.

Therefore, I would suggest that if there's going to be a debate on this issue at some time – there definitely will be some public discussion, maybe even a discussion in this House at some point in time, but it should be done when all hon. members here can have the full advantage of knowing what was in the case and can then engage in a debate in a timely way, conscious of all the facts of the case. Then we can have a proper discussion.

The government regards the issues that were raised by the court as important but not as urgent for this afternoon's debate and suggests that it would be more important that we all discuss this issue not in an emotional and irrational manner but, rather, in a calm manner, discussing what it means for Albertans, recognizing that the Supreme Court of Canada has read sexual orientation into the act. It's now the law in Alberta, and we're . . .

MR. MITCHELL: You should have understood that in first-year law.

MR. HANCOCK: And so should you.

MR. MITCHELL: I'm not a lawyer.

MR. HANCOCK: So, Mr. Speaker, I would suggest there's no urgency to continue with this debate this afternoon.

THE SPEAKER: Under the Standing Orders of our Assembly and under the precedents of *Beauchesne* and other rules of parliament,

subjectivity is provided to the Speaker with respect to this. The Speaker affords an opportunity to various members to basically put forward arguments with respect to this and appreciates very much the brevity of all three individuals who did speak with respect to the Standing Order 30 application.

I want to point out again, which I've already pointed out before, that certainly this application was provided to my office in plenty of time to meet the requirements under Standing Order 30(1). In listening and in reviewing the document that was provided to me, I afforded myself an opportunity to read *Beauchesne*, particularly sections 387 through to 398. In coming to the conclusion after listening, coming to the conclusion that I will come to in just a moment, I would like to point out to hon. members that I'll also be governed by 398 of *Beauchesne*.

Under our Standing Order 30(7), "the matter proposed for discussion must relate to a genuine emergency." While there is a bit of difference between the Standing Orders of the House of Commons and the Standing Orders that we use here, essentially *Beauchesne* from 389 forward has been used by previous Speakers in the rulings that we've had in there. Paragraph 389 of *Beauchesne* states that the matter requiring urgent consideration "must be so pressing that the public interest will suffer if it is not given immediate attention."

This particular decision, the Supreme Court decision today, is important. One can argue very subjectively how important, and it's an individual's right to use the adjective that they want to describe it. But I will do it in a very clinical way and basically make the statement that the Supreme Court decision is important. I do not, however, come to the conclusion that the decision constitutes a "genuine emergency" so as to adjourn the ordinary business of the Assembly. Accordingly, I rule that the requirements of Standing Order 30(7) have not been met, and the question will not be put.

head: Orders of the Day
3:10

THE SPEAKER: Hon. members, there was a request by an hon. member to revert to Introduction of Guests, if that's okay.

HON. MEMBERS: Agreed.

THE SPEAKER: Hon. Member for Little Bow, your guests have waited a long period of time.

head: Introduction of Guests
(reversion)

MR. McFARLAND: Thank you, Mr. Speaker. On behalf of my colleague the MLA for Cardston-Taber-Warner I'd like to take this opportunity to welcome 59 very patient students and guests from the W.R. Myers high school in Taber who came up this morning. I would like them to rise after I introduce them by name. Their teacher is Mrs. Andrea Makarchuk; parent helpers Mrs. Susan Grant, Mr. Ivan Klok, Mrs. Cheryl Carlin, Mr. Barry Grant, Mrs. Christine Lumley, Ms. Lara Bertsch, Mr. Dwight McKeage. I would like you to receive the warm welcome – I don't know how warm today, but it's warm down here – of this Assembly.

THE SPEAKER: Before calling on the hon. Minister of Health – to these young individuals who have come from so far away: you have seen a full variety of activity in the Alberta Legislative Assembly this afternoon in a matter of one hour.

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

THE SPEAKER: Hon. Minister of Health, we're recognizing you to come forward with Bill 21.

Bill 21
Alberta Health Care Insurance
Amendment Act, 1998

MR. JONSON: Thank you, Mr. Speaker. I'm pleased to bring Bill 21, the Alberta Health Care Insurance Amendment Act, to the Assembly for second reading today. The bill will help to ensure that all Albertans have access to medically necessary physician services within our publicly funded health system and ensure that the decision of a physician or group of physicians wishing to opt out of our public system will not seriously impact on the availability of services.

As most members are probably aware, under the Canada Health Act any physician in Canada can choose to opt out of the nation's public health system and work completely in the private sector. Mr. Speaker, when a physician elects to follow this path, they directly bill their patients for all procedures performed, whether insured under the health system or uninsured. The patient pays the physician and is not eligible for any reimbursement from the public system. At the same time, the opted-out physician does not receive any reimbursement from the public system for procedures performed. When they opt out, they must be completely opted out; that is, they cannot charge some patients directly and collect from the public system for others.

Mr. Speaker, it's important to stress here the difference between an opted-out physician collecting fees directly from a patient where none of those fees are reimbursable to the patient and the situation where an opted-in physician may collect a fee directly from the patient, but the patient can in turn be reimbursed. In the second instance the physician is practising within the public system, charging fees set by the public system, and those fees are paid by the public system directly to the doctor or the patient.

Mr. Speaker, in the case of the opted-out physician, the doctor is able to charge any fee he or she wishes, higher or lower than those paid by the public system, and no portion is reimbursable to either the physician or the patient. Now, while this government strongly supports the principles of the Canada Health Act and the rights of physicians to decide not to be part of a public health system, we also want to ensure that the application of the principle really supports and protects Albertans' access to quality, publicly funded health services.

Unfortunately, the principles of the Canada Health Act, developed many years ago, did not set out any guidelines whatsoever in terms of processes for physicians wishing to exercise their right to opt out. The Canada Health Act, for example, does not anticipate the consequences of a physician in a rural or remote area withdrawing from the public system as the only physician in the area, charging fees and possibly leaving local residents with no alternatives in terms of access to publicly funded services. The Canada Health Act also does not anticipate the consequences should an entire group of specialists together all opt out of the public system at the same time, leaving no public access to key lifesaving procedures. Further, the Canada Health Act does not anticipate the consequences of a physician electing to opt in and out of the public system on a regular basis, perhaps even weekly or daily, so that some patients pay directly and some are paid for

by the public health system. This, in turn, potentially opens up the possibility of patients paying higher fees for faster service.

Mr. Speaker, Bill 21 seeks to fill the gaps – I should perhaps not use the term “gaps” but say the unanticipated possibilities – left by the Canada Health Act by reinforcing the rights of physicians to opt out of the public system while providing a clear process and procedure for them to do so. More importantly, the bill helps protect the right of Albertans to have access to necessary physician services within our publicly funded system.

First of all, Mr. Speaker, the bill establishes a clear process for physicians seeking to opt out of the public system and requires the physician to obtain the approval of the Minister of Health to do so. I understand that this is of some concern, possibly, to the Alberta Medical Association, and certainly I think it is a given that the minister of the day would seek expert advice from the profession itself and from other sources before making that type of decision. The physician will be required to apply in writing to the Minister of Health 90 days prior to the proposed effective date of opting out. The minister would then have 60 days to consider and review the effect of a physician or groups of physicians withdrawing their services from the public system. In particular, it would provide the opportunity to ensure that such an opting out would not prevent any Albertan from accessing medically necessary physician services.

When an application to opt out is approved by the minister following such an assessment, Bill 21 lays out the subsequent steps a physician needs to take to advise patients of the opting-out decision. This information process would include direct contact with current patients as well as a public notice and newspaper advertising, the important principle here being the right of Albertans to know that a physician has or will be opting out and that the patient is fully responsible for all fees.

Once opted out, Mr. Speaker, a physician will be required to remain opted out for a minimum of one year. This would ensure stability and predictability within the public system in terms of the availability of physician services. There would, however, be an opportunity for a physician to opt back into the system prior to the one-year limit with the approval of the Minister of Health. That approval would be based on an assessment, again, of the need for that physician's services within the public system.

Finally, Mr. Speaker, in a further measure to protect Albertans' access to publicly funded physician services, Bill 21 prohibits any person from charging for goods or services any fee as a condition to receiving an insured medical service from an opted-in physician. It as well prohibits any opting-in physician from providing insured services where such a fee is being charged and provides the Minister of Health the authority to recover any such charges. Again, this provision further protects the principles of the Canada Health Act and ensures Albertans' access to publicly funded services without paying additional fees to be able to access those services.

In conclusion, Mr. Speaker, it is important to note that although the Canada Health Act allows physicians to opt out of the public system, very few have chosen to exercise that option. Indeed, in Alberta I would like to acknowledge and emphasize that in the past many years we have had only one physician elect to opt out of the public health care system of our province. That is, I think, a very good situation, one that I am certainly appreciative of.

3:20

However, Mr. Speaker, it is the case that relatively recently but rather intensively there has been a great deal of discussion about the issue of opting in or out of practice within the public system.

It has highlighted a potential problem, and it has highlighted the need for legislation which will outline the process to be followed for both opting in and opting out and also support the ability and the integrity of our public health system to provide medical care.

I would like to conclude, Mr. Speaker, by just raising two or three more general points. We want to make sure that there is a clear process which complements the provisions of the Canada Health Act. I think I have outlined in my remarks the principles of the bill and what we are trying to accomplish. It may be that in the course of committee study we can collectively as a government and possibly with the suggestions of the opposition – and I assume we will get input from the stakeholders, particularly doctors concerned about the bill. There may be changes that will further improve it. But I think given the times we are in and the amount of scrutiny that has been placed upon the Canada Health Act and its application, it is necessary for us to have legislation which provides a clear set of guidelines and rules with respect to this matter of opting in and opting out. The bill is presented with no prejudgment of anybody's intentions or decisions, but it is presented in anticipation of the need to be able to have such guidelines and legislation so we can act in a clear and understandable manner.

Thank you, Mr. Speaker.

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

MR. SAPERS: Thank you very much, Mr. Speaker. Bill 21 would amend the Alberta Health Care Insurance Act so that doctors could opt out, and in giving them permission to opt out, the minister will be clearly playing a role in how the practice of medicine is conducted in this province. Now, the concerns about the protection of our public health care system have been stated on the record in this Chamber by many members, myself included, many times, and this debate has certainly raged outside of this Assembly in the streets and the living rooms and the waiting rooms and the emergency rooms throughout Alberta.

Bill 21 is a rather imperfect solution to a very thorny problem. We are at a point right now, Mr. Speaker, where the negotiations between the government of Alberta and the province's doctors are at a particularly low ebb. It's been in trouble before, but I can't recall a time when the relationship has ever been quite as tense as it is now. Even though Bill 21 is numbered relatively highly and was apparently ready to be introduced at some point previous in this session, the fact that it was introduced at this point, just this week, cannot simply be coincidental to the fact that the current contract with Alberta's doctors expired this week and that the two sides are searching for ways to get back to the table to have an open exchange about how the impasse on physician remuneration can be broken and how the doctors can achieve what it is they believe they need to achieve while the government can achieve what it believes will be the proper stewardship of provincial resources. So I am very skeptical of the true intent behind Bill 21.

Now, that's not to say that Bill 21 does not have an upside. The upside to Bill 21 is this. There has been confusion about the manner in which physicians may choose to opt out and the implications of that decision should they so choose. This bill does make it clear. It makes it clear that if a doctor in this province opts out, they opt out for one year and they opt out for all services they otherwise may have been publicly reimbursed for. So physicians will not be permitted to pick and choose the timing of coming into the system and coming out of the system or the

procedures they may choose to be publicly reimbursed for versus those they may choose to be privately reimbursed for. This clarity is a good thing, Mr. Speaker, and this is something that in many respects is long overdue.

However, there are many, many components to the legislative and regulatory framework which surrounds or encompasses the practice of medicine in this province. There are several statutes. There are contracts between Alberta Health and the AMA. There are memorandums of understanding and agreement. There is the enabling legislation and the regulations and bylaws that flow from that legislation in regard to the College of Physicians and Surgeons, and there are several other bits and pieces that go into this framework which regulates the practice of medicine in Alberta. If the government had simply wanted to clarify the process for a physician opting out and had simply wanted to make it crystal clear what the implications of that decision would be, the government has many, many, many devices available to itself to do so without bringing in Bill 21.

Now, that begs the obvious next question. Why then a bill, when this is a government that has said, "We will only legislate when we have to, and in fact we won't even convene the Legislative Assembly unless we have a solid legislative agenda to present"? So why indeed, Mr. Speaker, is Bill 21 before us when the government has the ability to accomplish at least part of its purpose in another way?

Well, Mr. Speaker, that goes back to my cynicism or skepticism about the timing. The fact that physicians would now have to apply to the Minister of Health for permission to opt out I believe is the key feature of this bill. And the fact that at this time the relationship between the 4,000 or 5,000 physicians in this province and the government of Alberta has so deteriorated I think is the reason why the government wants to show its hand by saying: if you in the practice of medicine intend to intimidate us as a government by threatening some sort of job action, we will see your threat and raise you one better by saying that you must first receive the government's permission to do what it is you threaten to do.

Now, this is clearly not acceptable, Mr. Speaker. It's not acceptable for a couple of reasons. It's not acceptable because it is certainly not in any way, shape, or form negotiating in good faith. It is also not acceptable because I believe it is an unwarranted intrusion into the area of professional practice, in this case the practice of medicine. I don't think this House would take too kindly to legislation that would suggest that a nurse who chose to work in a dermatology clinic, who otherwise may have been employed in a publicly funded hospital, should have to seek the Minister of Health's approval for permission to go and get that job.

3:30

I don't think this House would take too kindly to a bill that suggested that a man or woman who was serving the province as a prosecutor, working for the Minister of Justice, should have to go to that minister and seek permission to leave the prosecutorial ranks and join the private defence bar and serve in a private capacity. I don't think this House would take too kindly to a bill that would suggest that a schoolteacher who works in a publicly funded public education venue would have to seek the Minister of Education's approval should that schoolteacher decide to seek employment at a private school or vocational college.

Mr. Speaker, what we have is a bill that does exactly that, only for doctors. And even though the legislation covers both physicians and dental surgeons, the bill makes a distinction or discrimi-

nates between dentists and physicians and treats them differently even within the same bill. Now, the government may argue that doctors are different. And doctors are different. Doctors do represent a special role in society but not a role that should attract the wrath of government; rather, a role that should attract the respect of government. Part of that respect has to be to respect their professional choices.

Now, Mr. Speaker, I don't think I have to get any more on record in defence of the public administration of a universally accessible health care system. My belief in medicare and the principles of the Canada Health Act are rock solid and unshakable. My beliefs also in free will and free choice are rock solid and unshakable. If a man or woman who has been licensed by the College of Physicians and Surgeons to carry on the practice of medicine in this province chooses to opt out of the Alberta health care insurance plan and set up shop as a purely independent private practitioner, that is the choice and the right of that physician. I respect that choice and that right. In no way should the minister have a role other than to ensure that the remainder, those who choose to honour and respect the public health care system, are properly and fairly compensated for the services they provide to Albertans.

In fact, I would suggest that Bill 21 would not even be necessary if we had a health care system that was staffed by individuals who were well treated and valued and who were offered the respect they deserve by government, that was funded to a level that was adequate, not funded in a way that requires every man and woman in that system to be constantly thinking of how to do things the cheapest way, not funded in a way that drives wedges between this professional group and some other professional group, and not underfunded to the extent that we have the kinds of strikes, labour disputes, and threats of labour disputes we are now faced with. Bill 21 cannot be separated from the environment in which it has been spawned. That is an environment that is characterized by a lack of trust, a lack of goodwill, a lack of adequate resources, and ultimately a lack of respect. The bottom line to Bill 21 is that lack of respect.

[The Deputy Speaker in the chair]

Now, I would encourage the Minister of Health to do a couple of things. I would encourage the Minister of Health to seek another venue for clarifying the roles and the rules for physicians who opt out. I would encourage the Minister of Health to make it crystal clear that doctors who opt out do not receive any compensation from the public purse. I would encourage the Minister of Health to make it crystal clear that physicians who opt out do not have at their own whim in an entirely unrestricted way the luxury or the ability to pick and choose when they will opt in and out and for what services.

I would also encourage the Minister of Health to take out the offensive parts of this legislation, which require, in essence, doctors in this province asking the Minister of Health for permission to use the washroom or, in this case, if it's okay with the Minister of Health that they choose to practise medicine in a way other than what his preference for them might be.

So, Mr. Speaker, we have to be very careful that we not be misunderstood. Bill 21 is not about protecting medicare. Bill 21 is about protecting the government's hand in its negotiations with the Alberta Medical Association. Bill 21 does not prevent opting out. Bill 21 provides a blueprint for how that might happen. Bill 21 does not deny doctors the right, but Bill 21 fetters that right

through the minister's office. So we need to be crystal clear ourselves, as we encourage the government to search for that clarity, what it is that Bill 21 will and will not accomplish. It will not accomplish better funding for health care. It will not accomplish better access to medical services, and it will not accomplish any guarantee that those communities in our province that right now have a shortage of medical practitioners will be any better served after Bill 21 becomes law.

In conclusion, Mr. Speaker, I suggest that the government has overshot its mark in Bill 21 and is using a device that is far too large, heavy, and clumsy to achieve a rather precise purpose. I would ask the Minister of Health to seriously consider the damage he may be doing in this bill, the further damage he may be doing to the relationship between the government of Alberta and the physicians that serve Alberta. I would ask that at the very, very least he consider amendments that would remove the necessity for his approval to be given to physicians who would seek to opt out of medicare.

Then I would ask the minister to do everything in his power as quickly as he can to mend the relationship between the government and doctors and to ensure that the system is adequately funded, that physicians have hospitals available in which they can place their patients who need them, that patients have access to the surgeries they need when they need them, and that there are adequate staff and funds available so physicians and other health care professionals can get on with the job of delivering high-quality health care to Albertans.

If all of that were accomplished, Mr. Speaker, then we wouldn't need to have a very lengthy debate on Bill 21. But in the absence of any of that, I would suggest that Bill 21 will be around for a very long time, and if in fact it ever does become a law in this province, it will be around to haunt us for a long while after that.

THE DEPUTY SPEAKER: The hon. Leader of Her Majesty's Loyal Opposition, followed by the hon. Member for Edmonton-Highlands.

MR. MITCHELL: Mr. Speaker, I share the concern of my colleague with Bill 21. I accept each of the reasons that he has established for his concern, and I would like to draw a broader conclusion from his observations about this bill and what it really reflects in terms of the quality of this government's management of health care and what's going on.

I learned a long time ago – and I say it often to my children – that when you are deeply concerned about something, you can often begin to react or act in a way that will actually make what you're concerned about occur. I remember a colleague at a job years and years ago who was very concerned that our supervisor had changed a letter she had written, which was of course completely within his purview to do. She was so angered by that that she was prepared to go in and express her anger to him about it in a way that would accomplish exactly what she was afraid was happening; that is, that she would in fact be seen to be somebody who wasn't conducting herself as an employee in that situation should. So her concern over being supervised in a way that was perfectly acceptable led to her making the very mistake which would ensure that she would be seen in the way she was afraid to be seen.

I think there's a parallel here, Mr. Speaker. The fact is that this government has been motivated, it says – and some of his actions would indicate this – by wanting to have less intrusive

government by reducing the role of government in people's lives. In fact, this piece of legislation does exactly the opposite. It opens the concern that this government is prepared to intervene in people's lives in ways that even its rhetoric would suggest aren't acceptable.

3:40

The reason this has occurred and the reason the government finds itself in the position of having to bring in this piece of legislation, Mr. Speaker, is because they have so poorly managed health care that the Minister of Health is now finding himself reduced to sticking his fingers in all kinds of holes in the dam. He is running out of fingers.

When you evaluate a government, you would say that if the government's here to do anything, it would be here to run a well-functioning health care system, to run a well-functioning education system, to run child policies in a way that would protect children. That's how you would measure the managers you had appointed to do that. But what we find is a health care system that isn't particularly well-managed by this government at all; in fact, quite the contrary. It has been reduced to crisis management, to two illegal strikes in Edmonton and one now in Calgary in the last three weeks by good people who wouldn't normally be inclined to break the law. You find a health care system that is ad hoc more funds into the system. You find a bill today that could have been anticipated months ago, if management had been anticipating, because they should have known that this very problem was going to be created. So you find a minister who is reduced to and provoked into making split decisions by legislation on a moment's reactive time without properly considering them and in response to mistakes that his policies have made in the health care system. And if that doesn't add up to anything other than this, Mr. Speaker, for sure it adds up to very, very poor management and very poor government.

Any business who had a minister of health who was creating the kinds of problems that have been created in this system and seemed incapable of fixing those problems and was bringing in reactive ad hoc policy decisions that ran counter to the values of that firm would certainly not maintain the employ of that manager in that position for very long, Mr. Speaker.

What this bill indicates is a government that is managing by crisis, that is incapable as a manager of anticipating issues and problems that could arise, a government that is charged with running an effective health care system and has created a health care system with a litany of problems and crises. That is quite a legacy for this government to leave. It's also an amazing legacy, Mr. Speaker, for this government to admit to by bringing in this kind of ad hoc legislation to plug yet another of the minister's fingers into yet another hole in the dam.

This government that prides itself and brags about being a government in favour of less government is creating the worst kind of more government, and it's intervening in decisions that properly and appropriately should be left to individuals in our society. Again it's a slippery slope, Mr. Speaker. You see it today, when the Premier won't stand up and say no to the notwithstanding clause definitively, finally, and without any question. You saw it two weeks ago, when they thought they could get away with the notwithstanding clause to abuse 700 of the weakest people in this province. You see it today. It is a slippery, ugly slope they have launched themselves on, and they should stand up and stop it. They should be very concerned about what this bill says about their Minister of Health and about the tenor and the nature of their government.

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

MS BARRETT: Thank you, Mr. Speaker. Well, I guess the Liberals are going to accuse me of going Tory again, but I support this bill. [interjections] I do. I do. I do.

You know, I read Ron Kustra's comments in the newspaper, and I don't interpret this as being draconian. There's a choice here. Wherever there are choices, draconian measures are obviously not in place. All right?

MRS. FORSYTH: You got it, Pam. That's right.

MS BARRETT: Thank you. The Member for Calgary-Fish Creek is saying that's right, and I agree with her.

My only concern with this bill is related to what it omits, and that is the quid pro quo on facility fees. If doctors want to opt out, let them go. Let them go, and make them stay out for a long enough period of time so that they really have the true, full sense of experience that goes with it and the true, full experience of trying to collect money from their patients. Let them. But if they want to be using a hospital, a publicly owned and funded hospital to be treating their patients – and remember that it's the doctor who decides upon admissions; no one else, the doc – let them pay a facility fee, just like the taxpayers in this province are forced to pick up the facility fee costs for private clinics in Alberta. I don't understand. If we've got the Alberta public paying facility fees for private, for-profit clinics, why can't we ask the doctors who choose to opt out to pay a facility fee every time they admit a patient, bring a patient in, conduct a surgery, order lab tests and examinations, and enjoy the support staff and all of the other medical staff at those hospitals?

That, I will tell you right now, is my one and only amendment to this bill, and I'm going to lobby you hard. I'm going to stand outside that door that the government members enter through on Monday and Tuesday and Wednesday and Thursday, and I'm going to lobby the members to get that amendment through, because that's the way it should be.

In the meantime, I don't believe this is any longer, quote, a negotiating tool, close quote, as was rumoured for the weeks and weeks that it sat on the Order Paper and the minister wouldn't introduce it. I think he knew that he could use it, and I think the doctors didn't think he would. I'm glad he did. But I will be offering the amendment to the minister and the government members in hopes of getting that one amendment through.

It'd be nice to have a victory. I had a real victorious day today. I've been singing in my head all day "I'm walking on sunshine" because of the Supreme Court decision. I'd be really grateful if I could have just one more win in this sitting, and that's the win I would want.

Thank you, Mr. Speaker.

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

MR. BONNER: Thank you very much, Mr. Speaker. It is a pleasure today to rise to speak to Bill 21, the Alberta Health Care Insurance Amendment Act, 1998. So often I have heard the Minister of Labour make the quote: plan your work and work your plan. I think it's a very, very good policy to follow. Unfortunately, when I look at this particular bill, where was the plan to deal with our doctors? Certainly in negotiations the last

thing you want to do is add fuel to the fire. We don't have to cause greater conflict at negotiating times. We don't have to get things percolating to the point that the sides dig in. I think that is exactly what this bill does.

There is too much coincidence that this here has appeared in the Assembly today at the same time that negotiations are taking place. It is, again, too coincidental that this did take place today, at this time when the contract or the agreement with the doctors ended.

In some ways I must agree with the leader of the ND that when it comes down to doctors opting in or out, they should make a commitment. Also, if they are going to make that commitment, then let's let them assume all costs related. They should not be able to piggyback on a system that is in place here.

3:50

Unfortunately, what this bill will allow is something that we've seen too often in this Assembly. Where it is convenient for the government to be on one side with a principle on one particular bill, they can simply flip-flop and be on the totally opposite side. So in speaking to this bill, I think we have to get some consistency, and that consistency is the principle that in the province they can either be in or out with the Canada Health Act, but if they do decide to opt out, then they are out. I do like the reference to it.

For many years in this province doctors did have to run a very true business where they did their own billing and they did their own collection of fees. In fact, I think back to a story told to me by a lady whose father was the first gynecologist in Edmonton. She said that it was not uncommon for them to wake up on a Saturday morning and have a couple of pigs running around the front yard, because that was the only way that a farmer could pay for his wife to have an operation. So I think as well that if we're going to allow doctors to have this particular option of getting in or getting out, then make the decision and stick with that decision. If you do want to run a business and run it as a true business, then take all the responsibilities that go with it.

With those comments, Mr. Speaker, I only have a few others here that I would like to make. One, of course, is when we're looking at whether you are a dental surgeon or whether you are a physician. There isn't consistency in both of these as to whether people can opt in or opt out. Why are there two different sets of criteria in this bill between dental surgeons and physicians? I'll look forward to those comments.

As well, when I read this bill, I also see other problems that do occur. Certainly this bill is not helping to cure those. There's absolutely no doubt that many of our fine young doctors here in the province are leaving this province for greener pastures elsewhere. I think that if we did have the statistics – and perhaps the Minister of Health does have these statistics – we would find that the average age of doctors is increasing quite quickly in this province, because many of our young doctors have decided to leave. When I see in here the president of the Alberta Medical Association making comments that they are having a tremendously hard time . . . [interjections]

THE DEPUTY SPEAKER: Mr. Minister, I'll put your name on the speaking list. Right now it's Edmonton-Glengarry.

MR. SMITH: Ah, no.

MR. BONNER: The Minister of Labour could plan his work and work his plan, and I would love to listen to any comments he

might have when I am finished. This is Bill 21 that we are speaking to, I believe, Mr. Speaker.

In listening to the head of the Alberta Medical Association, he certainly indicated that even at this time the situation in Alberta is such that they are having a very difficult time attracting proper specialists, very qualified specialists, particularly in the fields of cardiology, neurology, and orthopedics. I would say that if we are having trouble in these areas, why don't we do something to correct this situation? We are continually having problems here as well in attracting doctors to rural Alberta. Again, when doctors that we are trying to attract to come here to fill a very necessary role in our rural communities see the climate that persists here in Alberta, they don't want to come, Mr. Speaker, for many of the same reasons that many of our young doctors are leaving.

So with those comments, Mr. Speaker, I would like to conclude what I have to say to Bill 21. Thank you.

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

MRS. SLOAN: Thank you, Mr. Speaker. I'm pleased to rise today to provide my comments and analysis to Bill 21. I initially see this bill as legislating by or for the exception, and I find that extremely puzzling. Given the contrast, an example this week, where Mr. Vriend obviously was an exception, this government did not rise to make amendments to the human rights legislation in this province to address his issue, but they find an urgency and need to rise and address amendments to provide a bill to address one physician's circumstances, one out of 4,730 physicians. One opts out and this government rushes to the gate to address those circumstances. I find that very puzzling and suspicious.

This bill is based on the ideology that Margaret Thatcher espoused, and that was that there are no societies, only markets, and that is what this government believes. Health care is nothing but a market to this government, and this bill is intended to facilitate the initiation of that market. The government believes and this bill would propose that there should be able to be a private pool of physicians. I would suggest that HRG and other types of facilities like that group are looking for a measure that will provide them with a pool of physicians in order for them to provide their services in a private market.

I would like to ask the question of the minister: why would more physicians opt out? Our private system has offered a high standard of quality health care when properly funded. Physicians until the early '90s were well respected and valued in this province. That has not been the case at least in the last five years. I would also ask the question: where will these physicians work? Most obviously in private hospitals, private clinics, so perhaps even de facto this government is paving the way for the increased establishment of those types of facilities to encourage again by default the building of a private health care system in Alberta. They're configuring the medical manpower through this bill. Through other policy initiatives they're paving the way through the minister's committee to approve outpatient surgical facilities, such as HRG, for operation. Albertans need to wake up and smell the coffee. This government is promoting, building, and advertising that Alberta is open for private health care.

I would like to read excerpts from a letter that was written by the president of the Alberta Medical Association, because I think his comments have a great deal of relevance to this bill. It is of extreme surprise to me that the minister would proceed to

introduce a bill that is causing physicians such grief. Excerpts of Bill Anderson's letter written March 31 of '98:

Alberta Health is attempting to pass Bill 21 off as support for Medicare. But this rings very, very hollow in light of the government's fiscal undermining of Alberta's health care system over the last five years, along with the resulting chaos and reduced accessibility to quality care.

There is simply no reason for Alberta Health's frontal assault on the integrity of our profession. Physicians have been at the forefront in advocating for a well-funded public health care system in which quality care is accessible to all Albertans. Physicians have been among the strongest proponents for, and defenders of, Medicare!

4:00

So, why Bill 21? Maybe it's a way to punish physicians for speaking out, for being advocates for our patients, for daring to challenge the pretense that all is well despite the cutbacks, the lack of direction, the mismanagement and the funding cuts.

The minister is greatly mistaken if he thinks that such legislation will silence us. Remember when regionalization was introduced – and they deliberately excluded physicians and tried to discredit us by labeling us as a special interest group.

Our response then was to do what we have always done [and that is to] advocate aggressively for our patients . . .

Bill 21 conscripts physicians: it's as simple as that. The minister of health will decide how you practise. The decision will not be yours.

No other Albertan – individual group, profession – would tolerate such dictatorial control by a politician. And neither will we! If Bill 21 goes ahead, it will be evidence of just how anti-doctor Alberta Health has become.

So it would seem, Mr. Speaker, that this government just has not had enough. They have to antagonize, they have to undermine, they have to undervalue, they have to disrespect a health professional group just one more time. You have to further erode it so you can actually achieve what has always been your primary ulterior motive, and that is to make health care a private market commodity in this province.

It doesn't matter anymore what the Minister of Health espouses with respect to his commitments to the Canada Health Act. The reality in this bill, in the construction of his committee, in the reality of his actions, Mr. Speaker, is that Alberta is open and our public health care is for sale. That is the reality.

I would like to ask the minister for some clarification with respect to my questions, specifically in terms of the applications that may or may not be considered for the construction of private facilities. If this bill is intended to configure the process for physicians to opt out and truly, completely opt out, I would like to know where they will work. I think that's a relevant question that demands an answer from this government before we vote on this bill.

There are just a couple of other specific sections that I wanted to also question, and that is the provision that a physician may opt in or out of the plan without restriction. I have to question the rationale for that. Whether this government is committed to private health care or public health care, I would think that they would want some continuity, and I would think that they would be advocating and representing the citizens' interest in this regard. But how is the citizens' interest represented when physicians might bill one month and be in the public health system a month later? All that's required is 30 days. They can opt in and out of the plan with only 30 days' notice. I shudder to think, Mr. Speaker, of what that does to the continuity of care within our health care system.

There is also a general inference that someone would not be stopped from charging for an uninsured service if it is deemed necessary for an insured service. That doesn't make any sense to me in this bill. I would suggest that if I need something done, in order to have an insured service, should that not be considered something that should be insured? What a weaselly, underhanded way to privatize a service, but it is another example of the cowardly, weaselly style of government we have seen in this province. Weasels and politicians: strange bedfellows.

I would like, Mr. Speaker, to offer those comments constructively to the minister for his consideration. Thank you very much.

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

MR. WHITE: Thank you, Mr. Speaker. It's a pleasure to again rise to my feet to speak to Bill 21 and present my views to this Legislature, something that many members do not take the opportunity offered to them to do so.

MR. SMITH: Well, it's easy for you to say.

MR. WHITE: I'm standing up. It's much easier for me to say.

This bill leaves a bad taste. It speaks to one member of an honoured profession in this society. [interjections] There are 4,670-odd members. It speaks to that member, and it also speaks to the other members that keep saying: I should be opting out of this system because this system is so oppressive; it is so difficult for me as a physician to serve my public that I have difficulty seeing how I can stay . . . [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Sorry to interrupt the hon. Member for Edmonton-Calder, but we seem to have a crosscourt jousting going on between members of the front bench of your side of the House and members of the front bench of the other side of the House. I wonder if those hon. members could go outside and settle their differences there or whatever or agree to hear the words of the Member for Edmonton-Calder.

MR. WHITE: Thank you, Mr. Speaker. I was unaware of the jostling that was going on in front of me, I gather. I was too heavily involved in this. But I did notice your invitation for the two of them to go outside and settle their differences. If that should occur, might I interrupt my speech to go and watch, sir? I'd like to cheer. It would be the most entertaining of the session, I'm sure, seeing one Mr. Smith versus one Mr. Sapers go after . . . [interjection] Yeah, from Beiseker, that's the one. Hey, I can't say his name properly when he's fighting.

Debate Continued

MR. WHITE: Mr. Speaker, physicians in this province being an honoured profession – having had the pleasure of knowing a number of them as I do, as we all do, we know that their primary drive is not simply financial remuneration. It simply is not. Yes, they do have to protect themselves financially. There's no retirement fund for them, save the one they put away for themselves. There's no protection that they will be able to practise for any great length of time. So they must protect their interests.

When they do protect their interests, as they are doing right now, in not really a labour dispute but a dispute of a similar nature, because of the socialized medicine we have in this country of ours, which incidentally works much better than all other systems – at least that's what we're led to believe when we go to other places and find that the services are not provided or they're so horribly expensive that it's difficult to have all citizens avail themselves of that opportunity. We find that physicians here are placed in a position where they want to be single proprietors. They want to operate as their own boss and be able to set their hours and set their responsibilities to their primary concern, which is their patients, of course. That's in conflict with having one boss, in effect, the one that pays the bill.

Now, in socialized medicine we have another fundamental difficulty in that at the point of exchange of goods or services – in this case a service generally, not too often is it goods – the cash is not exchanged at that time. So there isn't that exchange – in the simplest instance, a child and a chocolate bar, 50 cents, 85 cents, or whatever – to make a comparison as to the relative value of that service. That creates all kinds of difficulties in this system, and it can't be perfect. But when a government makes a move, one should not be so heavy handed as to make errors all the way along the line.

4:10

Now, this particular piece of business that is before us amazes me. All it appears to do, to me, is deal with that one member, potentially very, very few others, unless this government knows something that I don't. And that could be that there are a great number of members of the physicians' profession in this province that are looking to opt out. They actually want to clearly set up an alternate system of deliverance of health care which by any standard would be two tiered. Surely, those that can afford to pay cold, hard cash for the deliverance of their service in this province are definitely those that we would generally call moneyed people or the very rich. Now, if that is the case and if that is the design of this bill, then it worries me. If this government knows something that I don't, then please let it be known that this side of the House is concerned.

I would think that if one were to err, one wants to err on the side of maintenance of a system that works. Yes, it could be partially broken all the time, broken in two senses: broken financially, of course, which this government is doing by design, or broken at least in part because the system just can't work perfectly. It just cannot, just by its very nature. But it's not so bad that we should design disasters for it, design areas where it can fall down, or design areas where things can occur that undermine its whole effectiveness.

Now, I'd like to point to a couple of areas that specifically concern me. One of them is the motivation behind this bill. If this bill is to design a two-tier system, then we should know what that two-tier system should look like, and if it's designed to further the government's position in negotiations with the docs, then we should know that. But it shouldn't be placed on the agenda of this Legislature to let languish just to cause that negotiation to be furthered, and I hope that is not the case.

The NDs will tell you that it's a great bill, as it's already been said. In her words it'll say that it's to force those docs to get out there and raise their own money and do all that. Of course, they will do all they can to see that any doctor that does opt out, for whatever reason, will suffer the wrath of that particular party and anyone else that they can influence. That simply is not the way to further medical care in this province.

This government is being particularly patronizing dealing with the physicians in this province when you can say that you have to ask permission and have permission granted by the minister to opt out. Well, in fact you're making it an option to opt out, which under the Canada Health Act you can actually do, and you've said that now you can do it with notice, whether it be 60 days with the docs or only 30 with the dental surgeons – I don't know what the reason for that is, but I suspect the minister will sometime explain that – and then withhold permission, what kind of gulag mentality is that? Does it say that you have to work? Well, how silly is that? I mean, you're going to force people to work? Not likely. What's simply going to happen is – it's the old horse to water. You can't make that horse drink, nor can you make a doctor work.

If a doctor is intent on opting out, makes application and it's refused, what do you think is going to occur? This is obviously some kind of drafting bureaucrat's idea of what could occur in the ideal world and is so very far from reality and doesn't understand that when one decides to make application, you've made a fundamental judgment about the direction of your life and won't be turned back by some ministerial order. The drafter of this has made the minister look foolish. To think the minister is going to turn around what appears to be a needed service in an area, whether it be geographical or an area of speciality: not likely. This is sloppy, heavy handed, and quite frankly, inappropriate, particularly for the gentleman that currently holds the office of the minister.

I understand opting out and then making an error in judgment and wanting to come back in. I have no difficulty with the provisions that allow, after one year out, for a doc that finds he just can't make ends meet or the services provided by public hospitals and the like are not available to him any longer. The other benefits of opting in are made clear, that he wants to opt in at some point. That seems eminently reasonable to me, although I have to point out the position that we have from the association in a letter from W.W. (Bill) Anderson, who is the president of the association. In his letter to many of his colleagues he says:

When we talk about opting out, we see it as a tool to express our displeasure with government underfunding and mismanagement of the health care system. Few see opting out as the preferred mode of practice.

Now, that's a pretty tough statement for someone that represents as many people as he does to write after seeing a bill and without having the opportunity to confer with his members.

As a self-governing profession this particular profession has a great deal more difficulty dealing with their one and only employer than those of us that are employed in other professions that happen to be self-governing. We have the option always of opting out. It's a matter of working for anyone we choose at any rate virtually and to stop and go as we please and to have other systems and modes of operation so that we do not have to be quite so beholden.

Well, to put the doctors under the strain of having to do all of that – and yes, admittedly, when they went into the profession, they knew exactly what they were getting into. They knew it was a socialized system of medicine, and they knew they would not be totally and completely able to manage their own affairs. They knew that, but they would have thought that they would have had the option of doing the job they wished to do. If you talk to docs, that's what they're concerned about. They're concerned about being unable to provide the service that they think is required for those that are standing before them or laying before them, as the case may be, and requiring the services that they and only they can provide.

Now, it's not a case of just not wanting to; oftentimes it's a case of having to. As in any profession when you're confronted with a situation, you do all you can to fix the situation. You cannot opt out and say that doing half the job is good enough. You can't do that. When it's before you, then it's required. It's much the same as in many professions. If it's digging a ditch, you must dig the whole ditch. If it's driving a cab, you can't drive halfway to the destination and then stop. These people are required to do the full service. Then not being able to be paid for that service, not being able to have enough income to pay a staff and keep the front end of their operation going within a reasonable seven-, eight-, 10-, 12-hour day and make a good living and having to be put upon also – there has to be a limit. This bill seems to be a reaction to that. At least the reaction to this bill by the profession certainly shows that.

4:20

Now, I'm not so hard as to say that I couldn't perhaps support this bill if in fact it had some clear rules set up for opting in and out without encouraging it, but I am very, very suspicious of the timing of this bill. Here we have in the last two weeks unprecedented labour unrest in this province in the deliverance of health care. We have physicians up in arms not about just this bill but other bills that are before this Legislature saying: "Look; what does it take to satisfy this government? Must we run bare in the park to service our people? This can't be done. We simply cannot work without some kind of a reasonable assurance that we're going to be paid for our services, and we can't be put upon every single time we turn around to find out that there's another enactment of this Legislature. Our primary service is to the people that we wish to make well, and it certainly isn't to spend our time negotiating with government over and over and over again about our fees and our method of operation."

Mr. Speaker, there are a number of people on this side of the House that have something to say about this bill. I'm afraid my time that has been allotted has been used up, and I would thank you for your time, sir.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Castle Downs.

MS PAUL: Yes. Thank you, Mr. Speaker. I, too, just have a few brief comments to make with respect to Bill 21, the Alberta Health Care Insurance Amendment Act, 1998.

In looking through the bill and trying to analyze its intent, I found that there didn't seem to be much purpose to have this bill. I think what this bill does is create a very unfriendly environment for doctors in Alberta. When you look at the recent negotiations between the Alberta Medical Association and the government, we have revealed an unprecedented level of discontent among Alberta doctors. I mean, this is very obvious. They feel they're not appreciated in this province. A lot of them are going to the States, which has been mentioned a number of times. Doctors have found it necessary to even entertain the thought of charging extra fees for service. They're negotiating and thinking of ways to be more aggressive in their strategies to recruit rural doctors in this province. There seems to be a very negative connotation and practice in the province of Alberta. Mr. Speaker, in my way of thinking this is not what we would call an Alberta advantage.

Doctors are allowed to opt out of medicare at any time. I think that if they do do that, it should be at their own expense. There should absolutely be no cost entailed whatsoever by the taxpayer. I mean, it's a doctor's prerogative. If they feel that they're not

being treated fairly and there needs to be a change in their practice, there needs to be a change in their patients, and if change is what they require, then away they go.

I am very suspicious, as other members have pointed out, with the intent of this bill. What is the problem in the health care system that we would need such a bill at this time? If doctors opt out, as I said earlier, they opt in and they opt out. I mean, why make a situation that is critical even more critical by restricting the opting in and the opting out at leisure? Doctors should think twice before they move to set up practice on their own. There is only one physician out of 40,670 in this province who has in fact opted out.

I find it incredible that we would be standing here in this Legislative Assembly discussing a bill such as Bill 21 when there are hard-pressing issues that are critical, that need to be discussed by all members in this Assembly, not just members on this side of the House. There has to be some sense of debate. You look at the strikes that are going on. You look at the issue of minimum wage. You look at the unrest in the educational system. These issues are issues that have to be discussed at this point in this session. Doctors opting in and out at their own whim is not something that I would adhere to at this time. I just do not find that it is appropriate for us to have to spend time discussing this bill during this session.

I know the hon. Member for Edmonton-Riverview quoted some unfavourable comments by the president of the AMA from a letter where he indicated his dissatisfaction and extreme displeasure with having to even entertain such a bill. One particular paragraph I'm going to quote from the letter gives extreme displeasure to members across the way. He's quoted as saying:

So, why Bill 21? Maybe it's a way to punish physicians for speaking out, for being advocates for our patients, for daring to challenge the pretense that all is well despite the cutbacks, the lack of direction, the mismanagement and the funding cuts.

Mr. Speaker, those are not our words. Those are the words of the president of the AMA. I know it's not a comforting thought for government members to have to hear.

It was quoted that they are very, very displeased that this bill would be brought forward. They have absolutely no idea why; there is no need for it. As I've pointed out, only one doctor in over 4,000 has exercised their prerogative to do so, and it leaves the medical profession in a quandary. Who is going to pay for patients who are being brought to a hospital through a doctor who has opted out of medicare? I mean, it just leaves too many red herrings. It's very distressing to think that this thought pattern by the Minister of Health would even be evoked to bring this forward. I really don't feel that it merits a lot of discussion when you think of the merits.

The opting out: doctors can do it at any time. There have to be rules. I'm well aware that if they do opt back in – and that's the intent, obviously, of the bill, but I don't think it's a bill that needs to be in place. The thoughts and the confirming of the thought patterns of a lot of Albertans: health care is in crisis. When you have orders by government that you restrict the time frame of doctors opting in and opting out and put a lot of stringent qualifiers on their ability to do what they want to do, which is to treat Albertans, to give them the best health care possible, to assist in the best way that they know how, to be very well trained, to be included in the training process of new doctors, to feel that they are needed in this province and that they are respected – Mr. Speaker, I think that it is not timely to bring this bill forward.

As I've already indicated many times, the president of the AMA has written a formal letter of displeasure, and I don't think it

behooves us in this Legislature to feel that it is necessary to impose any more restrictions on doctors. It's hard enough at this point to get doctors to stay in Alberta, especially when you look in the rural settings.

Mr. Speaker, with those brief comments I'll take my seat.

4:30

THE DEPUTY SPEAKER: The hon. Deputy Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. I would move that we adjourn debate on Bill 21.

THE DEPUTY SPEAKER: The hon. Deputy Government House Leader has moved that we adjourn debate on Bill 21. All those in support of this motion, please say aye.

HON. MEMBERS: Aye.

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

Bill 37 Health Statutes Amendment Act, 1998

MR. JONSON: Mr. Speaker, today I'm bringing forward Bill 37, Alberta Health Statutes Amendment Act, for second reading.

The overall intent of this legislation is to ensure that the quality and accessibility of our public health system is not jeopardized by the establishment and operation of private health facilities and to ensure the appropriate balance between public and private interests in the delivery of health care in Alberta.

Mr. Speaker, the key foundation behind this particular legislation is this government's strong and continuing support and commitment to the principles of the Canada Health Act and our commitment to continued access for Albertans to a quality publicly funded health system in the province. At the same time, all Albertans I believe recognize the long history of the private sector in supporting and complementing the role of the public system.

Mr. Speaker, a number of months ago now concerns were raised in the province with respect to the potential establishment of private health facilities in Alberta to provide inpatient surgical services outside of our public health system. At that time a number of Albertans, including many of the hon. members in this House, strongly suggested that the establishment of such facilities, even though potentially consistent with the principles of the Canada Health Act, could have a negative impact on Alberta's publicly funded system. Indeed, many of those same hon. members suggested that government should intervene should such a facility be established.

Unfortunately and as I have commented repeatedly over the past number of months, the government did not have the clear ability to intervene in such a situation. The reason is because there is no clear mechanism in current legislation or regulations for the Minister of Health to either prohibit or even control a private health facility seeking to provide inpatient surgical services outside of the public health system. Indeed, Mr. Speaker, the only current requirement for such a facility would be to obtain accreditation from the College of Physicians and Surgeons of Alberta to perform such surgical procedures outside of an approved hospital.

Therefore, Mr. Speaker, what this legislation will do through

amendments to the Hospitals Act and the Medical Profession Act is require that any private facility in the province seeking to provide inpatient surgical services outside of the public health system obtain both accreditation by the College of Physicians and Surgeons and formal approval by the Minister of Health. Bill 37 would provide the Minister of Health with the legislated authority to prohibit or control such facilities based on a detailed review of their proposed operations. The review of any such proposal would be comprehensive in nature, looking at the proposed services to be provided by the facility, the need for such services, the compliance of the proposed operations of the facility with the Canada Health Act, the public good that might be met by the facility in providing such services or challenged by providing such services, and finally and most importantly, the potential impact of the facility's proposed operations on our public health system. Ultimately the potential impact on our public health system, either positive or negative, must be one of the key factors in assessing any such proposal.

Mr. Speaker, if the Minister of Health were to be concerned following the assessment and review of a proposal, the minister could then prohibit or control the establishment and operation of the facility even if it had received accreditation from the college. At the same time, no proposal would be approved by the minister if the facility had not received accreditation from the College of Physicians and Surgeons. In this way the minister can protect the best interests of Alberta's public health system while the college continues with its mandate of ensuring that standards are met regarding medical practitioners and the quality of medical care provided to patients.

At the same time that Bill 37 is clearly establishing the minister's authority to prohibit or control private health facilities seeking to provide inpatient services outside of the public system, the legislation also provides additional control over the operation of nonhospital surgical facilities performing work within the public system. Under amendments to the Alberta Health Care Insurance Act

no person shall operate a non-hospital surgical facility [offering insured services] unless

- (a) the facility is accredited by . . . the College of Physicians and Surgeons . . .
- (b) the operator of the facility has an agreement with a regional health authority to provide those insured surgical services, and
- (c) the Minister [of Health] has approved the agreement

between the facility and the required health authority.

The intent of this part of the act is to reflect in legislation current policies and practice that require facilities providing insured surgical services, for example cataract surgery, to have contracts with a regional health authority. This step is another measure in protecting the integrity and viability of Alberta's public health system.

In summary, then, this legislation addresses two types of facilities. First, it provides authority to the Minister of Health to prohibit or control a private health facility seeking to provide inpatient services outside of the public health system. Second, Mr. Speaker, it legislates the requirement for nonhospital surgical facilities seeking to provide insured services to have a contract with a regional health authority and to have that agreement approved by the Minister of Health.

Mr. Speaker, this is not legislation, as has been suggested by at least one member across the way, that is designed to put in place two-tiered health care in this province. In fact, if that hon. member were to take some time to actually review the legislation

that is currently in place and read through this legislation, she might find that she agrees with it and would dispense with some of the unfortunate perceptions that are being communicated.

The principle of the legislation, Mr. Speaker, is very straightforward. First, there is currently no clear legal mechanism for the Minister of Health to intervene should a private health facility wish to provide inpatient services outside of the public health system. This legislation gives the Minister of Health the required authority to prohibit or control such a facility. Secondly, it puts in place an additional safeguard in protecting our public health system from potential negative impacts of private health care operations.

The College of Physicians and Surgeons has been consulted and regards this as progressive and good legislation, and I think that Albertans will regard it similarly. I would ask all members to support a quality public health system in Alberta and also support Bill 37.

Thank you.

MR. SAPERS: Mr. Speaker, I join with the Minister of Health in calling on all members of this Assembly to support a quality public health care system in the province of Alberta, and it does my heart good to hear that minister stand in this Assembly and say those words on the record. It's about time. Thank you, Mr. Minister.

Bill 37 has attracted a very interesting audience already. There are those who have looked at Bill 37 and say that it is exactly everything that has been asked for in terms of the government living up to its obligation to put into place a process that on the one hand protects the public system and on the other hand makes it clear what private operators would have to do if they chose to operate in the private sphere. There are others who see Bill 37 not at all as a protective shield around the health care system but as much more of a how-to guide on how to privatize.

Mr. Speaker, I think the reality is that Bill 37 probably falls somewhere in the middle between those two end points. It's not as benign or benevolent a legislative instrument as the Minister of Health would have us believe, and that may not even be in spite of or because of the government's intent for it to be anything else. In fact, the climate that's been created in Alberta is one where there are many people waiting in the wings, waiting like vultures I might say, for an opportunity to swoop down and pick at the bones of the public system. Unfortunately, this bill might provide them the opportunity and the access to do just that.

So we're in a little bit of a quandary here. We can take the government at its word that it would be offering this legislation as protection to the public system. But we have to be mindful of the climate in which it's being introduced, and that is a climate that is characterized by a very interesting history when it comes to the government's response to the private health care challenge.

4:40

I noticed that in the minister's opening remarks he talked about something that had happened just a few short months ago, that it was just a few short months ago that some controversy began to arise. In particular, I believe he was referring to the controversy surrounding the Health Resource Group bid to be licensed by the College of Physicians and Surgeons to operate a surgical facility in Calgary. Yeah, that was just a few short months ago. I believe that the college finally made its decision in December of 1997, and of course they ruled that HRG did not have the ability to do what it was they wanted to do. They were forced to make that decision because the government had said that there was no

mechanism. So the minister's sense of history and the retelling of that history I suppose is correct in that circumstance, but this is clearly an issue that has been haunting the people of Alberta and dogging the provincial government for much longer than the last number of months.

Back in 1994, Mr. Speaker, there was a spirited exchange, that the now Minister of Community Development might recall, in this Assembly and outside this Assembly about the role of private clinics in the provision of health services in this province. That exchange led to a heightened awareness on the part of the federal government in regard to what the Alberta government was allowing to happen inside this province. Back in January of 1995 the then federal Minister of Health, Diane Marleau, sent a letter to the hon. member who is now the Minister of Community Development suggesting a deadline to end all facility fees in the province of Alberta. That letter of January 6 of 1995 wasn't really responded to in any substantial way until four days before the deadline. The deadline of October 15 was avoided to some extent because the minister provided what was called a 12-point plan from Alberta, that would do everything except eliminate the charging of private fees.

[The Speaker in the chair]

To continue with that history, because it's very important to put Bill 37 into context, it wasn't until November, one month after the government of Alberta's 12-point plan, that they clearly got the message that Ottawa was serious and in fact suffered the first nearly half-million-dollar penalty for allowing private clinics to continue to charge facility fees for medically necessary services. Between November and June of the subsequent year, 1996, nearly \$4 million in federal transfer payments were lost to this province because of this province's continued support of private facilities and the charging of private facility fees.

Finally, on June 30, 1996, the province of Alberta ended the collecting of private payments but didn't end the imposition of private fees. What they did instead, Mr. Speaker, is the government agreed to pay those clinics those fees themselves. This brings us to the summer of 1996, when it was revealed that nearly \$1.3 million had been paid in fees directly by the taxpayers to private clinics.

Mr. Speaker, while all of this was going on, the government was faced with another private health care challenge, and that was a challenge that came in the form of Hotel de Health, who went to, that we know of, at least three different health regions in this province and tried to peddle their services as operators of health care facilities. All the while there were demands from the opposition and from others that the government stand up to Hotel de Health and say that this was not going to happen, that our health care system wasn't for sale. The government didn't do that. Instead the government's response was they said it was up to the individual health authorities. Myself, my colleagues, and several others demanded that the government take a stand and say what was going to be acceptable and what wasn't. Luckily, the province of Alberta avoided anybody in this province entering into extended business arrangements with Hotel de Health, and I think that's a fortunate happening but not one that happened as a result of government intervention.

There were other challenges as well. We've already referred to the Health Resource Group. But, Mr. Speaker, what it all culminates in is the fact that we've got Bill 37. As I say, some may look at Bill 37 and say that it's finally the appropriate

response, that it's finally the response that the opposition and other critics of government health care policy have been asking for, that Bill 37 provides the framework and helps protect our public health care system.

There is a section of Bill 37 that gives me some reason to believe that that is truly the intent of the government. I note that Bill 37 would prohibit the minister from approving any private clinic that didn't have an existing contract with a regional health authority, and I have to tell the minister that that's a good clause to have in his bill, but it's not enough. It's not enough to discourage the argument that Bill 37 is not a roadblock to privatization but instead a road map for privatization. It is not enough that the government simply says that it's committed to a healthy public health care system. I think Albertans and certainly members of the Official Opposition want to see the government put Albertans' money where the government's mouth is in this regard.

Today we see a release from the government of yet another \$66.6 million, I think it is, in health care funding. This brings the emergency health care funding over and above the budget to somewhere in the order of \$170 million or more. Mr. Speaker, I'm not complaining that the government has finally opened up the purse strings a little bit and begun to address the critical shortages in health care funding, but it seems to me that it's very hard to take the government at its word about the protection of publicly funded, universally acceptable health care when they continue to be so miserly in their funding.

With the funding announcement that was released today – and I know the Minister of Community Development will be particularly interested in this – the Capital health authority, I believe, will be receiving an additional \$17 million, which is good, but that's far short of the \$44 million they said they needed to balance the books. The Calgary health authority is receiving additional funding but clearly \$24 million, \$25 million short of what they said they needed to balance their books. In fact, as I compared the list of all of the legitimate needs that had been identified by the health authorities to the list that was released today in the government's announcement, I don't think that there was one instance where the funding was equal to the identified need. So when you've got that very reality staring us in the face, it becomes very difficult to accept the word of the government that Bill 37 is a good thing. I'm still willing, Mr. Speaker, to take the government at its word, but I would want the Minister of Health to do far more than this.

It seems to me that Bill 37 can be improved in several ways. When we get to committee, I will take the opportunity to suggest several of those ways. If the government sees its way clear to keep an open mind and review the amendments that'll be put forward and give them an honest hearing and accept those amendments which would improve the bill and which would in fact put some teeth into the guarantee that this bill is a protection of our publicly funded system, then I would expect that Bill 37 will enjoy ready acceptance and relatively smooth passage through this House.

On the other hand, if the government believes that the current form of Bill 37 is the best it can do and represents the sum total of how far it is willing to go to protect our publicly funded health care system, then I would suggest that Bill 37 will not be acceptable to the members of the Official Opposition and will not enjoy ready acceptance.

4:50

In some ways, Mr. Speaker, with those comments clearly I'm

anticipating debate to come at committee, and I don't want to try your patience by going down that road any further, so I won't. But I will say this in closing to the Minister of Health. The current state of Alberta's health care system has probably never been more fragile, and that fragility is not because the system is quite as desperate as it was for funding. That fragility comes about as a result of the men and women who work in the system having come just about, if not entirely, to the end of their tether.

The hundreds and thousands of Albertans who rely on the health care system every day continue to get as good a service as can be expected under the circumstances, but everyone is getting tired of that caveat: under the circumstances. The doctors, the nurses, the technicians, the technologists, the maintenance people, the facilities managers, the caterers, the food service preps, the lab technicians and technologists, dieticians – they have all been pushed as far as they can be pushed. They want to see some dramatic evidence from this government that they are valued, that the health care system is valued, and that the spoken words about the commitment to the Canada Health Act are backed up by an unshakable commitment to those words.

Mr. Minister of Health, I started my comments by saying that I joined you in your stated commitment to medicare and to the Canada Health Act and to public administration. I will work with you if that is in fact your intent, and I will do everything that I can as a member of this Assembly to see to it that that becomes the manifest activity of the government that you're a part of.

Thank you.

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

MS OLSEN: Thank you, Mr. Speaker. I, too, am pleased to join the debate on Bill 37. I'm not encouraged by what I read. Private health care has always existed to some degree in this province, in a very limited way and restricted to such notions and practices as psychiatric examinations, labs, MRIs, that kind of thing. But this bill allows for private, for-profit facilities. These are not services; these are facilities that can contract with health authorities to provide publicly insured services.

This minister just spoke about protecting the health care system. Well, Mr. Speaker, I would put to you that not only this minister but the one before him, the now Minister of Community Development, have performed abysmally in this regard. [interjection] Yes, I know. I feel bad about that too, because they have a responsibility to Albertans to provide the best health care.

We have had Hotel de Health, a consortium of physicians who wanted to purchase those hospitals closed down by this government. Well, this government has created that climate whereby hospitals exist to be purchased. This creates an obvious divide, you see. When you have private health care facilities and you have people trying to move in to create private services, you get services for the rich and services for the poor. I can't understand for the life of me why the minister just cannot look south of the border to find the problems. The problems exist in those private health care facilities down there.

They exist so much that in Rhode Island – Rhode Island is a state, and it has public health care facilities. There's a move by the private facilities to purchase the public hospitals. The residents of Rhode Island are extremely concerned that private health care is going to be the only way to go and that those people who, through insurance and because they don't have the money to go to the private health care system, have to go to the public facilities are not going to be treated, that they're not going to have

a place to go. I would trust that if that's an issue there, then we better start opening our eyes. We also see the same problems that exist in Europe. You see the whole notion of two classes, the divide in the middle class in Britain. Again, it's private versus public, and the needs of all citizens are not adequately dealt with.

I also believe that it is this government's intent to privatize as much as they can of the health care system, and they will do it in any which way they can. The bottom line is some people will lose out, because after we go to a preferential service system, then what we have is managed care. Managed care has a whole other group of problems related to it in terms of: who's going to get the best service and when? The healthiest people get the healthiest care under our capitation or managed care system, where those people who are sickest receive the least amount of service because they are the sickest and they will use up the most amount of money. Any for-profit hospital or for-profit consortium of doctors is not going to want the sickest patients, so I have a problem with that. One thing leads to another.

I see that the Treasurer finds this kind of boring. But maybe because he holds the purse strings, he can talk to the Minister of Health and really guide him in a way that's good for his constituents. I know he wants to do the right thing on a number of issues. [interjections] Well, no. I know he wants to do the left thing, the correct thing.

Moving back to Bill 27 . . .

THE SPEAKER: Hon. member, please. The correct thing to do is to speak through the Speaker.

MS OLSEN: So the correct thing for me to do is speak through the Speaker, and through the Speaker I say those things. So I'm moving back to Bill 37 . . .

MR. SAPERS: That would be a good thing.

MS OLSEN: And that would be a good thing, yes.

The province has entertained the notion of private health care through the Health Resource Group. It's a for-profit company that has acquired part of the Calgary Grace hospital. Although this province has never entered into an agreement with HRG, it maintains that they can charge patients for medical services. Private health has a motive. The only motive is profit. Major American companies – that's the big companies in the U.S. and the big insurance companies – are always concerned and always arguing about the cost of health care premiums. That, I would suggest, comes to you from the privatization issue. You have to know that small businessmen in any state – and I could pick New Mexico because I know some businessmen there – are paying for their employees \$500, \$600, \$700, depending on the type of insurance, and their employees out of their salaries are paying \$500 or \$600 a month for insurance premiums. That takes away from their ability to take home any disposable income, to put that income back into the economy. Mr. Speaker, I know that the Treasurer would be really concerned if money was coming out of the economy that wasn't being spent in a way that was going to boost the economic viability in this province. So I would suggest that that is probably not the right way to go.

We have to look at the intent of this bill. By looking at things like nonhospital surgical facilities – I'm not convinced what that is, the definition of that. It certainly sets the tone. It's a blending of public and private health care in Alberta, and for the first time the minister wants to define it in legislation. So it will then exist,

and it will then be a problem. It'll be a problem for those people who cannot afford private health care. For those people who want to jump the cue, it'll be there, but most Albertans cannot afford to pay for health care services themselves.

5:00

I look at other definitions and the requirements of a nonhospital surgical facility, and I see that everything must be approved by the minister and in some cases the College of Physicians and Surgeons in terms of accrediting these facilities but not in all cases. I'm concerned also that if you don't have compliance there's a mere – and I say “mere” – \$10,000 fine. Well, we know how much surgical treatment costs. We know how much treatment for any number of disabilities costs. I would bet that anybody who's running a private health facility would be able to afford much more than a \$10,000 fine. If you're going to have a bill, be serious about it. Ten thousand dollars is nothing. That's a write-off. It's a cost of doing business to any private health care facility, as it is in environment, as it is in any other particular industry. There's a cost of doing business associated, and some of those legal matters are factored into that.

Mr. Speaker, private health care threatens the values upon which the Canadian public health system is based. A dual system of public and private health services eventually leads to the wealthiest health care consumers leaving the public system, creating a two-tiered system where those who can afford health services will receive the best possible care they can pay for and those without the financial resources are ghettoized into a public system lacking resources and where low-income Albertans will be denied reasonable access to quality services. That is a huge, huge problem. That to me does not speak to an Alberta advantage; that to me does not speak to the needs of Albertans; that does not speak to care and compassion. It speaks to none of those basic values. That speaks only to government that is driven through privatization, the economic model of business, and it does not speak to the human issues.

With that, Mr. Speaker, I will take my seat.

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

MR. BONNER: Thank you, Mr. Speaker. I rise today as well to speak to Bill 37, the Health Statutes Amendment Act. There are many concerns on this particular bill. I think that is partially because of what many of us have seen happen to the entire health care system over the past five years.

In looking at the news release put out by Alberta Health dated March 30, 1998, I see that

private health facilities seeking to provide inpatient services in Alberta will now be prohibited from operating without prior formal approval from the Minister of Health, as a result of amendments to the Hospitals Act and the Medical Profession Act introduced in the Legislature by Health Minister Halvar Jonson.

Now, I would hope that the intent of this particular bill would be honourable, and I am fairly certain that it is. But, again, the track record does mean that we do have grave concerns when it comes to Bill 37 and justifiably so. Before there will be any private health facility seeking to provide inpatient services, they must have both accreditation by the College of Physicians and Surgeons of Alberta and the formal approval of the Minister of Health. Currently only the College of Physicians and Surgeons is required to give their approval, and I think that the consent of the Minister of Health would be a positive addition.

Now, in discussing and analyzing this bill, I must agree with

the hon. Member for Edmonton-Glenora, who did say that our health care is in a very fragile state, not only because of the tremendous amount of capital that has been taken out of it over the past five years but also in the fact that moneys were added weeks after the budget came down and to the tune of \$170 million. Again, why do we have such an increase over such a short period of time? What happened in the two to three weeks that we haven't been able to predict over the last year over what has happened.

Particularly at this time we do see strikes or illegal walkouts or whatever we want to call them. We do have people who have reached the end of their rope in the health care system. We also have our doctors, who at this time certainly are having a great deal of difficulty in their negotiations. I mentioned earlier today how we have had such a climate here in Alberta that many of our young doctors have left the country, have left the province. We do not have a healthy climate anymore here in Alberta.

I know that the minister responsible for advanced education is certainly going to add a tremendous amount of dollars to our medical system . . . [interjection] I will continue whenever the minister has finished his comments.

I would certainly hope that he would see the value of properly funding a health care system so that those valuable dollars that we now put into our medical schools will remain here in Alberta, that great investment will stay here; it will not go south of the border or to our neighbours to the east and west. We do have a situation here in Alberta, Mr. Speaker, that does give us grave concern. The investment that we have in these people is tremendous, and the cost of losing them will also be tremendous.

I have grave concerns when I talk to people in the medical profession, the nurses who say that working in a hospital today is like running a track meet every day: "How long can we continue that particular process?" I know that we are committed to the Canada Health Act. I also have to agree that the commitment by our nurses and our doctors and all people who are in the medical facilities that we do have is tremendous. People, once they get in there, certainly have very few complaints about the quality of service they get.

So, Mr. Speaker, I would like to conclude my remarks to Bill 37 at this time. I would again like to withhold my acceptance of this particular bill at this time.

I would move to adjourn debate on Bill 37.

THE SPEAKER: On the motion by the hon. Member for Edmonton-Glengarry to adjourn the debate, do all members agree?

HON. MEMBERS: Agreed.

THE SPEAKER: Opposed? The motion is carried.

**5:10 Bill 34
Municipal Government Amendment Act, 1998**

[Adjourned debate March 31: Mr. Dickson]

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

MR. GIBBONS: Thank you, Mr. Speaker. I rise to speak to the principles of Bill 34. I brought some questions forward the other day, but I'll make a few statements and a couple more questions to this.

THE SPEAKER: I'm sorry, hon. member. You've already spoken on this bill. That's inappropriate.

The hon. Opposition House Leader.

MR. SAPERS: There's so much to talk about on Bill 34, the Municipal Government Amendment Act. Thank you, Mr. Speaker.

Actually, this is a bill, Mr. Speaker, that in general the Official Opposition supports. We have some concerns about the impact on the Three Sisters development, and we have raised some other specific questions that we hope we'll be able to pursue more vigorously when this bill proceeds to committee. But I would like to say that, in general, we agree with the idea that municipalities should have more decision-making powers and responsibility. This is why we supported the original Municipal Government Act that gave municipalities natural-persons power, and we continue to believe that municipalities should be treated with all of the respect that they deserve from this government.

I would move that this House move the acceptance quickly of Bill 34 at second reading so that we can continue to the committee stage for more complete debate on a section-by-section basis.

THE SPEAKER: The hon. Member for Leduc, to close the debate.

MR. KLAPSTEIN: Thank you, Mr. Speaker. Questions were raised regarding specific sections of Bill 34, the Municipal Government Amendment Act, 1998. I'll respond to those questions in the same order as the sections appear in Bill 34.

A question was raised in section 3 of the bill regarding the former forestry roads. Current maintenance agreements on forestry roads are agreements between the Minister of Transportation and Utilities and the agreement holder, which is usually one or more resource companies. As regulations designating forestry roads are repealed, municipalities, as the road authority, are precluded from entering into similar agreements. The amendments would allow affected municipalities to negotiate their own agreements and allow the maintenance of the former forestry roads to be the responsibility of the agreement holder. Former forestry roads will remain open to the public.

A question was raised on section 7 regarding the provision where a municipality only has 90 days to hold a by-election. Sections 162 and 163 of the Municipal Government Act require that a municipality hold a by-election for a vacancy on council and specify the time frame within which to hold that by-election. A municipality encountered a difficulty with the process when it did not receive any nominations for a by-election on two successive occasions, and no other remedy existed. This is what prompted the amendment, which will now allow the municipality additional options to explore with the minister to ensure that the needs of the municipality and its residents are being met when the time frame cannot be achieved. The proposed amendment will therefore bring closure to the process.

A question was also raised on section 11 regarding the removal of the ability to petition against a bylaw closing a road. Before a road is closed by bylaw, public consultation is required, and the bylaw must be advertised. The opportunity for a further petition pursuant to section 231(1) of the Municipal Government Act is redundant, costly, and unnecessarily delays development.

A question was raised on section 40 concerning why a municipality was prohibited from filing a lien when one already exists. The lien the amendment refers to is the tax recovery lien. A municipality can only have one tax recovery lien on a property at a time. This tax recovery lien would apply to any and all taxes in arrears on that property. The tax recovery lien could only be removed when the tax arrears are paid in full. Therefore,

registering a second tax recovery lien would be redundant.

The final question raised was regarding the freedom of information and protection of privacy and the exceptions from FOIP that this amendment creates. On October 1, 1999, the FOIP legislation will apply to all local government bodies. Certain access to information provisions in the Municipal Government Act will be repealed at that time. However, the amendments are made to ensure that provisions relating to in camera meetings, salary disclosure, and access to assessment information continue to operate. With respect to in camera meetings, the amendment does not prohibit an individual from requesting information on a matter that was discussed at the in camera meeting. Such a request would be subject to the rules of the FOIP Act.

Mr. Speaker, I would move second reading.

[Motion carried; Bill 34 read a second time]

Bill 35

Colleges, Technical Institutes and Universities Statutes Amendment Act, 1998

[Debate adjourned March 31: Mr. Dunford]

MR. DUNFORD: How much time do I have?

Mr. Speaker, I want to review the principles of this bill very, very quickly. An institution's revenue from tuition fees must be less than 30 percent of its net operating expenditures until the 1999-2000 fiscal year and must not exceed that amount after that. Second point: the calculation of revenues from tuition fees as a percentage of net operating expenditures must be in accordance with procedures established by the minister. Third point: for a limited period of time the minister may waive the cap in respect of a particular institution if, during the period of the waiver, the institution has committed in writing not to increase its tuition fees and that institution expands its enrollments. Fourth point: regulations will be passed defining revenue from tuition and defining net operating expenditures, and institutions will be required to publish information about their revenues from tuition fees and how they will be calculated.

Now, Mr. Speaker, I'll just quickly comment on a broader

issue. One of the things that we know and understand from every jurisdiction throughout the world: it does not matter whether tuitions are high, low, or even free; what you have are children from middle-class and higher income families tending to go to university. So I want to challenge the opposition members in this House to agree to this bill knowing that and understanding that if the amount of tuition that a student pays, and thus their family pays, is less than 30 percent, is 20 percent, or in fact, is even free, then we are transferring tax dollars, we are redistributing tax dollars from low-income families to high-income families. I challenge – what member of this opposition in this House would possibly agree to that kind of a concept?

And on that note, I'd like to adjourn debate.

THE SPEAKER: I don't think so. To adjourn the debate and calling it now would preclude anybody else from participating, hon. member. So on the motion to adjourn the debate, do hon. members agree?

MR. DUNFORD: Give us some help here.

THE SPEAKER: I accept, hon. member. Okay, you just sit down. Do you want to adjourn the debate?

MR. SAPERS: Mr. Speaker, I rise to answer that minister's challenge, and I will do so the next time this bill is called for discussion. I would say that at this point the best thing we can do is allow tempers to cool. I would move that we adjourn debate on Bill 35 at this time.

5:20

THE SPEAKER: On the motion by the hon. Member for Edmonton-Glenora to adjourn debate at this time, all members who agree, say aye.

HON. MEMBERS: Aye.

THE SPEAKER: Opposed, say no. Carried.

[At 5:21 p.m. the Assembly adjourned to Monday at 1:30 p.m.]