Legislative Assembly of Alberta

Title: Monday, April 6, 1998 1:30 p.m.

Date: 98/04/06
[The Speaker in the chair]

head: **Prayers**

THE SPEAKER: Good afternoon and welcome. Let us pray.
Our Father, keep us mindful of the special and unique opportunity we have to work for our constituents and our province, and in that work give us strength and wisdom.
Amen.
Please be seated.

head: **Introduction of Visitors**

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

MR. HANCOCK: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you to members of the Assembly His Excellency Luc Carbonez, Belgium's ambassador to Canada. His Excellency is accompanied by Mr. George de Rappard, honorary consul of Belgium in Edmonton, and by Betty Anne Spinks, deputy chief of protocol with Intergovernmental and Aboriginal Affairs. I'd like to take this opportunity to officially welcome Ambassador Carbonez to Alberta and to wish him an enjoyable and productive stay in our province. While in Alberta Ambassador Carbonez will meet with public- and private-sector officials to discuss our science and technology linkages with Belgium as well as to identify areas for future commercial co-operation. I would ask that His Excellency and his party rise in the Speaker's gallery and receive the warm recognition of this House.

head: **Presenting Petitions**

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

MRS. O'NEILL: Thank you, Mr. Speaker. I beg leave to introduce a petition signed by 325 Albertans regarding the 1997 Bill 29, Medical Profession Amendment Act.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I'd like to present this petition signed by 214 people from Edmonton and area urging the government to commit to not using the notwithstanding clause to override human rights.
Thank you.

head: **Introduction of Bills**

Bill 39
Financial Administration Amendment Act, 1998

MR. DAY: Mr. Speaker, I'm pleased to introduce Bill 39, the Financial Administration Amendment Act, 1998.
I have a . . . Thank you, Mr. Speaker. My colleague wanted me to try a candy here, and I broke House rules and tried that candy. Things have cleared up now.
Mr. Speaker, this particular legislation comes from a government policy back in 1993 in which we said that we would review all agencies, boards, and commissions and that every agency, board, and commission would have to substantiate its reason for being; otherwise it would be automatically sunsetted. This particular amendment to the Financial Administration Act, 1998, does exactly that. The review process is completed, and it is here in this amendment.

[Leave granted; Bill 39 read a first time]

head: **Tabling Returns and Reports**

MR. KLEIN: Mr. Speaker, I'm pleased to table in the House today our government's response to the Alberta Growth Summit. As you can see by the size of the report, the Summit generated many ideas and recommendations, and that's why we are tabling such a comprehensive response today.
I would like to take this opportunity, Mr. Speaker, to thank all of those who participated in the forum and all of those who participated in the miniforums and all of those Albertans who provided their thoughts and their comments prior to the process. It has played a big role in the government's decision-making program.

THE SPEAKER: The hon. Minister of Public Works, Supply and Services.

MR. WOLOSHYN: Thank you, Mr. Speaker. I have two tablings. The first is five copies of the 1997-98 annual report of the Association of Professional Engineers, Geologists and Geophysicists of Alberta in accordance with part 2 section 12(4) of the act.
Also, Mr. Speaker, I have seven copies of the reply to Motion for a Return 56.
Thank you.

THE SPEAKER: The hon. Member for Calgary-North Hill.

MR. MAGNUS: Thank you, Mr. Speaker. As chair of the Council on Professions and Occupations I'm pleased to table four copies of the 1997 annual report of the Certified General Accountants Association of Alberta.
Thank you, Mr. Speaker.

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

MS CARLSON: Thank you, Mr. Speaker. I'd like to table five copies of a letter from Fairview & District Chamber of Commerce expressing their concerning regarding the proposed privatization of local parks and recreation areas and its detrimental effect on the area residents.

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

MR. WHITE: Thank you, Mr. Speaker. I'd like to table five copies of a letter addressed to the Hon. Steve West, Minister of Energy, and it's from the Public Institutional Consumers of Alberta. It's a letter that he referenced on Thursday last, and I did also in my questions. It's only fair that we table it. It has both paragraphs, not just the one that he referred to.
Thank you, sir.

MR. McFARLAND: Mr. Speaker it's a pleasure today to table four copies of questions that the members opposite raised with

respect to Bill 28, the Drainage Districts Act, in second reading. I'm pleased to provide the answers that I committed to.

Thank you.

MRS. McCLELLAN: Mr. Speaker, today I'm tabling the Active Living Task Force report entitled Towards an Active and Prosperous Alberta: the Health and Well-being Advantage. This report outlines the government approach to positively influence the health and well-being of Albertans by expanding and creating active living opportunities. Also with the report I'm tabling a news release announcing the active living strategies and a backgrounder indicating the status of the 23 recommendations contained in this report.

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

MR. SAPERS: Thank you very much, Mr. Speaker. I'd like to table with your permission five copies of a letter addressed to the Member for St. Albert and the Minister of Health from a constituent of mine who was present in the House during debate on Bill 24 and expresses her dismay at the government's position on Bill 24 as articulated by those members.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I'd like to table four copies of the June 1997 report of the Working Group on Midwifery Remuneration by the Midwifery Regional Implementation Committee.

Thank you.

head: Introduction of Guests

THE SPEAKER: The hon. Member for Drayton Valley-Calmar.

MR. THURBER: Thank you, Mr. Speaker. I have two introductions here today. First I would like to introduce to you and through you to the members of the Legislature 57 very young and enthusiastic students from St. Anthony school in Drayton Valley. They're accompanied here today by two teachers, Mrs. Trish Molzan and Ms Sharon Buchan. Along with them are five parents and helpers. They're seated in the members' gallery, and I'd ask at this time that they rise and receive the warm welcome of this House.

Along with these folks today, Mr. Speaker, I have another group from the Calmar home school group. I believe there are 18 of them that were able to stay to watch question period. They're seated in the public gallery, and I would like to have them stand and receive the warm welcome of this House.

THE SPEAKER: The hon. Member for Clover Bar-Fort Saskatchewan.

MR. LOUGHEED: Thank you, Mr. Speaker. I have three introductions today. I'm pleased to introduce to you and through you to this Assembly a group of 20 students from Rudolph Hennig school in Fort Saskatchewan. They're accompanied by their teacher, Mrs. Laplante-Iversen, and parents Mrs. Becker and Mrs. Gignac.

Also, Mr. Speaker, the mayor of Strathcona county, Mr. Vern Hartwell has joined us.

Also, Mr. Speaker, Tom Jackson, a former student from Ardrossan junior/senior high school who is now a very successful farmer in that area, is making a presentation to the Senate committee with regards to Bill C-4. He was a student of mine back in the days when they didn't allowing eating candy in school.

If they would please rise and be welcomed by the Assembly.

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

MR. WHITE: Thank you, Mr. Speaker. I rise today to introduce to you and through you to Members of the Legislative Assembly four students from the Coralwood academy in our city. They are seated in the public gallery. There are just four of them so I should name them all. There's Shaun Ramsay, Johndy Hillgardner, Stephanie Ayon, and Loretta Nechita. We also have with them today Orville Ferris, who is their teacher. If I could have them please rise and receive the warm welcome of the Assembly.

1:40

THE SPEAKER: The hon. Member for Bonnyville-Cold Lake.

MR. DUCHARME: Thank you, Mr. Speaker. It's a great pleasure to introduce to you and through you to the members of the Legislature 16 students from Lakeland Christian Academy from Cold Lake. They are accompanied by Pastor Lawrence Poirier and their principal, Mrs. Linda Amesmann. They are seated in the public gallery, and at this time I'd ask them to please rise and receive the traditional warm welcome of the Assembly.

head: Oral Question Period

Sexual Orientation

MR. MITCHELL: Mr. Speaker, when the Premier said outside the Legislature last week that he would not invoke the notwithstanding clause, many Albertans were pleased while many others were unsettled. At a personal level I want to commend the Premier, particularly since this is an issue with such strongly held positions on both sides. Could the Premier please reiterate for the benefit of the Legislative Assembly that he will not invoke the notwithstanding clause?

MR. KLEIN: Well, Mr. Speaker, I will not invoke the notwithstanding clause. This is a matter of great sensitivity, of tremendous public debate. I can tell the Legislative Assembly today that we will be considering the matter as a caucus on Thursday, as I'm sure the Liberal opposition and the ND opposition will be considering this matter and where we go from here.

I can share with the Legislature the kinds of calls that we've been getting, Mr. Speaker. My sense of the situation is that people now, once the ruling has been explained to them, are not so concerned with the legislation, and that is having sexual orientation included in the human rights legislation. What concerns the people and where my sense of the anger is – and we've received well over a thousand calls in my office – is with the issue of judicial activism. People are saying that they are concerned about the whole issue, the broad issue of the courts appearing to interject themselves into a legislative role. There is concern that the courts increasingly and not the legislative authorities, Legislative Assemblies or Parliaments, will in fact become the lawmakers of the land.

So, Mr. Speaker, relative to the narrow issue of including sexual orientation in the Human Rights Commission I don't think this is a case for – and I'm speaking personally – the invocation of the notwithstanding clause, but relative to the broad issue of the

courts becoming more and more active in determining the law of this land, yes, that is a concern, and at some time we need to address it.

MR. MITCHELL: Mr. Speaker, what steps is the Premier planning to take to ensure that all Albertans get complete information about what this decision really means, about its real scope, and about its implications for the future, as well as describing to Albertans what the relationship of the courts to the political process is and how it has in fact and does properly function?

MR. KLEIN: Mr. Speaker, the last part of that question I think I alluded to. The forum and the process: I really don't know what that process is going to be. That's one of the discussions we're going to have certainly as a caucus, and the Liberal opposition might well have that discussion as well.

Relative to the first part of the question I think this clearly has to be understood. I think there's a misunderstanding amongst the public, and believe me, the public are divided on this issue. Everyone is divided on this issue. Even the church community, the Christian community is divided on this issue, Mr. Speaker. I think quite clearly that if we can't get the message through these people up here in a clear and concise way, then we should perhaps – and they won't take offence at this – buy some time in their newspapers and on the radio and so on, and really publish some ads and say: what does this mean in terms of the legislation? I haven't had the discussion yet with the Minister of Community Development, but obviously she's aware now that we will be having that conversation. We need to get that message out.

MR. MITCHELL: Perhaps part of that proposal – well thought out as it is, nonetheless it has much merit. What steps would the Premier be contemplating, that and others perhaps, to explain clearly that this particular measure, this decision by the Supreme Court addresses only the question of residence, employment, employment advertising, and public services?

MR. KLEIN: Mr. Speaker, the hon. member is being more specific than I would be, because I have no knowledge that it goes to those specifics. Perhaps I should spend some more time reading the legislation. Certainly we can read it, but we have to get a clear message as to what the legislation means. Certainly the main part is that the human rights legislation has now changed to include sexual orientation, which is now read into the law. I think we need to explain that and then get into some of the specifics that the hon. member mentioned.

THE SPEAKER: Second Official Opposition main question. The hon. Member for Edmonton-Glenora.

Doctors' Fee Negotiations

MR. SAPERS: Thank you, Mr. Speaker. The contract between the government of Alberta and Alberta doctors expired on April 1. The Alberta Medical Association made it very clear that doctors were prepared to initiate significant and disruptive job action if the government did not bring a new offer to them. Disruptions in the provision of medical services have in fact begun, yet the Minister of Health has not restarted negotiations. My questions are to the Premier. Given that the Alberta Medical Association has agreed to restart negotiations at a moment's notice, why has the government failed to resume talks with doctors?

MR. KLEIN: Well, Mr. Speaker I don't think that we have failed to resume talks with the doctors. You have to understand that there is a contract in place. The doctors have asked for an extension of that contract; I believe it's for two months. So there is a contract in place. I can give you my assurance and I'm sure that the hon. Minister of Health will back me up – I hope he will anyway – that he will give his assurance that the door is wide open for negotiations.

MR. JONSON: Yes, Mr. Speaker. Certainly I agree with the Premier. I would like to just add one other matter of information, and that is that our negotiator has been endeavouring to arrange a meeting, reopen negotiations. She will be doing so again today. I think that should be clear as well.

MR. SAPERS: Mr. Premier, is it the strategy of the government to delay reaching agreement with the Alberta Medical Association so that more and more doctors will be forced to opt out of medicare?

MR. KLEIN: Mr. Speaker, I can give every assurance in the world that no, absolutely not. Absolutely not. It is not the strategy of this government to delay those negotiations. As a matter of fact, I can share with you that the hon. Minister of Health and myself met with the president of the AMA, Dr. Anderson, and Dr. Jivraj about a month ago and indicated that we wanted to get this settled as quickly as possible and that we would sign off and would agree to a few things. I believe it was the issue relative to doctors on call for the rural areas, and there were some other minor issues. The conversation was that we couldn't get into the issue of wages, but please, please get back to the negotiating table. We committed at that time that we would negotiate in good faith if the doctors would negotiate in good faith, and we left the meeting with that understanding.

MR. SMITH: Taking bozo pills again this weekend, eh?

1:50

THE SPEAKER: Ignore it, hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker.

The doctors don't have that understanding.

Mr. Premier, perhaps you could explain this. Since many doctors have already started to direct bill their patients, what provision has the government made to ensure that the delay in reaching a negotiation won't equal a delay in those Albertans who are forced to directly pay their doctors being reimbursed from the government for the medical services they've received?

MR. KLEIN: Mr. Speaker, that's a very detailed question, and I'll have the hon. Minister of Health answer.

MR. JONSON: Mr. Speaker, I think that first of all it should be emphasized that over the past two, three, four years Alberta Health has made a major effort and commitment of resources to providing in this province a very prompt, electronically based payment system for doctors. This was done certainly to make it convenient for patients but also for doctors. It is a very good system and a very timely system.

Yes, quite frankly this threatened direct billing process that is being talked about and perhaps already started will have a major, major additional cost and will cost dollars from the Health budget which should be going into other patient-directed services in this

province, Mr. Speaker. We will have to endeavour to respond, but certainly it is something that will cause disruption.

Mr. Speaker, I have quite a list of things here, but it should be clear that in the negotiating meetings that have taken place to date, I think there is a very positive side. A number of issues have been agreed to. We recognize that physicians are extremely important to part of our overall health care delivery system. We have, for instance, put on the table the return of the 5 percent, which is one their key demands. In fact, we have put in a formal offer: 3 percent in year 1, 2 percent in year 2, and 1 percent in year 3 of a proposed agreement.

The Premier has alluded to some of the provisions here. For instance, we have put on the table the coverage of insurance premium costs, which, as you know, Mr. Speaker, are escalating very rapidly. For some physicians they're in excess of $20,000 a year now. We have put on the table, first of all, yes, the $1,900 deductible, but for all physicians in the province we'll be covering their liability insurance beyond that. A very great benefit. I could go on, but of course I won't.

THE SPEAKER: Third Official Opposition main question. The hon. Member for Edmonton-Meadowlark.

Children's Services

MS LEIBOVICI: Thank you, Mr. Speaker. Two months after we were assured that the redesign of children's services was in good hands, we have no commissioner of children's services, no funding, no standards, and no monitoring frameworks. The grassroots process has been turned upside down and is tightly controlled and is a bureaucratic nightmare. To the Minister of Family and Social Services: given that the minister responsible for children's services has no budget, that there is no commissioner and no new regional authorities appointed, can you tell us who's in charge?

DR. OBERG: Mr. Speaker, I guess as the hon. member has asked the question, the minister in charge of the redesign of children's services is the minister without portfolio responsible for the redesign of children's services.

In her preamble she touched on several things. She touched on no authorities being up and running. Last week I was down in Calgary, and I talked to the new Calgary children's authority, which is up and running. They do have a budget. They've been given a budget.

She also commented on the commissioner of children's services being replaced. That's absolutely correct, because it was the commissioner's responsibility and the commissioner's job to get the children's services up and running. We felt that it was now time to bring it under the auspices of the Department of Family and Social Services. The children's services authority boards will be appointed within the next month, and I'm very optimistic and I'm quite looking forward to what I think will be the best example of the delivery of children's services in Canada.

MS LEIBOVICI: She's also the minister without budget.

Can the minister reveal the funding model? It's interesting that you indicate that Calgary does have the regional authorities set up. What's the funding model?

DR. OBERG: Absolutely, Mr. Speaker. We have a funding model that deals with approximately $360 million per year, which is what the budget is. We have put in variables such as aboriginal children, such as socioeconomic status, such as sparsity and distance. These are all very well researched, very well thought out, and that funding formula is in place.

MS LEIBOVICI: Well, we'd like to know what it is. What's the secret, Mr. Minister?

Given that early intervention programs were also the commissioner's responsibility, can the minister tell us who has the ultimate responsibility and authority for those programs, their assessment, and the funding decisions?

DR. OBERG: Absolutely, Mr. Speaker. The minister without portfolio responsible for children's services has that authority.

Private Health Services

MS BARRETT: Mr. Speaker, last week in the Assembly I asked the Minister of Health point-blank whether he would prohibit private, for-profit hospitals from contracting with regional health authorities, and the minister refused to answer that point-blank question. Now, I don't think we need private hospitals at all. If a surgical procedure is medically necessary and serious enough to warrant overnight stays, it should be done in a public hospital. My question is to the Premier. If this government is serious about protecting our public health care system, why doesn't this government simply introduce legislation to ban private, for-profit hospitals in Alberta?

MR. KLEIN: Well, Mr. Speaker . . . That was to me; wasn't it?

MS BARRETT: It was, yes.

MR. KLEIN: Right. I'm sorry.

First of all, I think that the policy is quite clear. Whatever contravenes the Canada Health Act will simply not be allowed, Mr. Speaker. Relative to the rules governing the delivery of private health care – and believe me, there are about 4,500 private health care providers in the province, Mr. Speaker.

MRS. SLOAN: Operating hospitals?

MR. KLEIN: No. All the doctors. They have their own private businesses, private clinics.

Mr. Speaker, I'll have the hon. minister supplement.

MR. JONSON: Mr. Speaker. As I understand it, Bill 37, which is really the direction this question is taking, is up for debate this afternoon, as I recall. With respect to the legislation I think there will be opportunity to further debate the legislation, but I also would just like to point out two things. First of all, the hon. member posing the question has been very supportive of making sure that we have the legislation in place in this province which will support the principles of the Canada Health Act, and that is accomplished in my view by Bill 37. The other thing is that there is the concern that where there are private entities, clinics – we have had them, particularly in the eye care area, operating for some time in this province. We need to make sure that the rules and limitations and the assurance of quality is there.

Bill 37 is before the House, and I look forward to the hon. member's input into it.

MS BARRETT: Well, Mr. Speaker, I'd like to go back to the Premier on this. I just don't understand. Why won't the

government commit to making sure that private, for-profit acute care hospitals, if they are legalized, aren't allowed under any circumstances to contract with public health authorities, which in turn are dealing with taxpayers' dollars and health care premium dollars? Why won't the Premier commit to that?

MR. KLEIN: Well, Mr. Speaker, I think that the hon. Minister of Health has answered that question before, but in case the hon. member didn't hear it, I'll have him answer it again.

2:00

MR. JONSON: Mr. Speaker, there is nothing surreptitious about our proposal here in terms of legislation. I would just suggest that the hon. member really look at the legislation that's being proposed before the House, see what her issues may happen to be with it, see if it doesn't have protections in it, in fact quite a long list of protections, to protect the public interest as far as health is concerned in this province.

The other comment I would make is that on the private clinic side we've had them operating in this province for some time. Once again, this legislation is designed to make sure that we can assure quality and control in that area as well.

MS BARRETT: Well, Mr. Speaker, if the minister is serious about regulating private hospitals to ensure that they don't harm the public health system, will the minister now categorically rule out ever approving an application by Health Resource Group to operate an acute care facility, a.k.a. hospital? Rule it out. Rule it out.

MR. JONSON: Mr. Speaker, we will have a discussion on the legislation. I think that's where this discussion should take place.

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

Trade with Asia

MR. FISCHER: Thank you, Mr. Speaker. My question is to the Minister of Economic Development. Several of our Asian Pacific trading partners are experiencing some rather drastic financial and economic problems. In some of these countries their monetary system has collapsed. Several of them are in recession. There are many signs that maybe they're not going to have the money to pay for the products. This is a very important issue and concern to all of our small businesses and to agriculture as well. Could the minister inform the House what percentage and how dependent Alberta business is on exports that go to these countries?

MRS. BLACK: Mr. Speaker, Alberta is very reliant upon our export business in all sectors of our industries, whether it be in the energy area, petrochemicals, agriculture, or forestry. So any changes in the world marketplace are very serious for Alberta producers to be aware of and make sure that adjustments are made. But I'd like to assure Albertans and this House. Always keep in mind that our largest trading partner is the United States, and 81 percent of our exports do go into the United States. This last year that accounted for some $27 billion of exports to the U.S., which was a substantial increase over the previous year.

The hon. Member for Wainwright did allude to the changes and difficulties that were being experienced in the Asian marketplace. That has had some impact on our producers, particularly for exported goods. Asia, including China, accounts for about 10.7 percent of our export market, which is a substantial amount of our export market, and they are watching it very carefully. But even with that, we had last year $3.6 billion of exports to that Asian market. Now, there have been some changes in the economy there, but I believe that hopefully that is a short-term adjustment that is taking place. There's been a lot of changes in structure as these countries go into more of a market-driven industrialization. Hopefully it will correct itself, and our products will be secure with the relationships there.

MR. FISCHER: Thank you, Mr. Speaker. I think that I've got my answer for my other questions too. Thank you.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Olds-Didsbury-Three Hills.

Christian Labour Association of Canada

MR. MacDONALD: Thank you, Mr. Speaker. The government and in particular the Premier have told us that one of the cornerstones of our province's success is the so-called Alberta advantage. In fact, some in Alberta have more of an advantage than others. The Canadian Charter of Rights and Freedoms, by which this government is bound, as we all saw too well with Bill 26, ensures that all Canadians are entitled to equal benefit and protection of the law. My first question this afternoon is to the Premier. Mr. Premier, will you direct the Minister of Labour to introduce legislation to end the continuing breach of the Charter of Rights regarding the blatant discrimination shown by your government and the Labour Relations Board in favour of the Christian Labour Association of Canada against other longstanding unions in this province?

MR. KLEIN: Mr. Speaker, I am unaware, absolutely totally unaware of any such alleged discrimination. I'll have the hon. minister supplement.

MR. SMITH: Thanks. Thank you, Mr. Premier. In fact one of the great fundamental rights, Mr. Speaker, in this land and this province is the freedom to organize and the freedom to associate, and if people want to exercise their franchise in that manner, it's certainly not up to us to tell them to do anything differently.

MR. MacDONALD: Mr. Speaker, my second question is to the Minister of Labour. Since the Labour Relations Code creates a mandatory framework for collective bargaining in the construction industry, why are you not enforcing the code?

MR. SMITH: It's my understanding, Mr. Speaker, that through the actions of the Labour Relations Board and through their constant rulings, which are available on a web site, and the fact that they operate to the continual dissatisfaction of both employer and employee – that tells me they are in fact enforcing the code.

MR. MacDONALD: Mr. Speaker, my third question is also to the Minister of Labour. Why is your department allowing the Christian Labour Association, which has a warm friendship with your government, to make sweetheart agreements when it comes to labour relations?

MR. SMITH: Serious, unfounded allegations are always fun to talk about in this House, Mr. Speaker, but in reality I have met

once with the leader of that union. Actually, I've met on more than one occasion with the teamsters and with a business agent for the teamsters. I've met on more than one occasion with the president of the Building Trades Council. In fact, it was the teamsters' business agent and the president of the Building Trades Council that helped us pick, in an open, accountable recruitment fashion, the new public board members of the WCB. So whether I meet once, twice, five times, 10 times, I think that's the normal course of business and have every intent to continue to do our business to the best of our ability.

THE SPEAKER: The hon. Member for Olds-Didsbury-Three Hills, followed by the hon. Member for Edmonton-Manning.

Lung Reduction Surgery

MR. MARZ: Thank you, Mr. Speaker. A constituent with advanced stages of emphysema was told by his doctor that he should have lung volume reduction surgery, which is a procedure developed in the United States in 1994 to remove the part of the lung that no longer functions, the positive result being improved breathing for the patient. He also told me that he was unable to get this surgery in the province of Alberta. My first question to the Minister of Health: can the minister tell me if this procedure is available here in the province of Alberta?

MR. JONSON: Mr. Speaker, my understanding is that lung reduction surgery is available in Edmonton and Calgary in that there is a surgeon in each city who is capable of this particular operation. It's my understanding that a number of such procedures have been successfully performed. However, the procedure is still very much in the research, experimental stage.

MR. MARZ: To the same minister: is this procedure readily available any other place in Canada?

MR. JONSON: It's my understanding, Mr. Speaker, that it is being done on the same experimental basis in other parts of Canada.

MR. MARZ: My last supplementary to the same minister: does Alberta Health fund this procedure for Alberta patients?

MR. JONSON: Mr. Speaker, this particular procedure is still judged to be experimental, in the research category. It's further my understanding that the medical community and the research community are divided with respect to its effectiveness. It is not generally available in Alberta. As I've said, it is still regarded as an experimental procedure. It may be of interest to the hon. member that it is not therefore covered as an insured service at this point in time.

THE SPEAKER: The hon. Member for Edmonton-Manning, followed by the hon. Member for Calgary-West.

VLT Plebiscites

MR. GIBBONS: Thank you, Mr. Speaker. The Premier has promised that following a successful plebiscite, VLTs would be removed within seven days. About 11 months ago the people of Wood Buffalo voted to get rid of the VLTs. My questions are to the Premier. Mr. Premier, how much is the government profiting by holding up the removal of these VLTs?

2:10

MR. KLEIN: Mr. Speaker, I don't know today, on a daily basis what the machines in the regional municipality of Wood Buffalo generate. I would imagine the numbers are fairly significant, money that certainly accrues to the provincial government and through general revenue goes to support a number of government programs, including health and education and so on and through CFEP back to community organizations and through the Wild Rose Foundation, a number of arts and cultural activities, and so on. I don't know the actual figure, but obviously the people there have voted to have the machines removed. Subsequent to that there was a court action launched by one of the hoteliers. I understand that he has now lost that application to the Supreme Court of Alberta.

Mr. Speaker, we will now wait, and the process is this. This is the process that has been set up, and everyone is aware of it, those involved with VLTs. The results of the plebiscite must now be communicated to the Alberta Gaming and Liquor Commission. The Alberta Gaming and Liquor Commission, under contract, has the obligation, if they are going to remove the machines, to serve the operators with seven days' notice. After that the machines come out.

MR. GIBBONS: Mr. Premier, then why don't you do the right and honourable thing and have a VLT vote throughout the whole province this coming fall?

MR. KLEIN: Well, Mr. Speaker, at the end of this month in Medicine Hat we are convening a summit on gambling overall. VLTs, of course, will be, I'm sure, a major part of that summit. I am sure there will be the question of a provincewide plebiscite. Whether that plebiscite applies to the whole province or whether it would be a provincewide plebiscite applying municipality by municipality I don't know at this particular time, or whether the status quo will remain, which is the policy now put in place, the result of the Gordon report, where municipalities indicated they wanted it left up to themselves whether or not they would have plebiscites. So we will listen to all sides of this argument and arguments affecting other components of gambling and take all of these considerations as part of our update and our promised review of the Gordon report.

THE SPEAKER: The hon. Member for Calgary-West, followed by the hon. Member for Edmonton-Norwood.

Cataract Surgery

MS KRYCZKA: Thank you, Mr. Speaker. A few days ago I met with a constituent who is concerned with a potential conflict of interest in the Calgary regional health authority in terms of the allocation of cataract surgeries to the various ophthalmologists in the Calgary region. This apparently is a particular concern because one of the surgeons having a contract with the authority is also the RHA's division chief of ophthalmology. Could the Minister of Health advise whether or not there is such a conflict of interest?

MR. JONSON: Mr. Speaker, it's my understanding that in the case of this appointment being referred to, it was an appointment that was made after a posting of the position and the usual formal recruitment process. I know that there has been this issue of conflict of interest raised. The Calgary regional health authority

is also concerned about this perception and has undertaken a review of the matter. Further, I have asked to be apprised of the results of that review when it is completed.

MS KRYCZKA: My first supplemental is also to the Minister of Health, Mr. Speaker. Could the minister perhaps, then, explain just how the Calgary health authority determines how many surgeries each physician is contracted to perform during the course of a year?

MR. JONSON: Mr. Speaker, the basic steps in the process with respect to the allocation of the number of cataract surgeries or procedures in Calgary is that first of all the total amount to be done is determined by a process totally independent of the director's position we were just referring to. There is a review panel that looks at the total number of surgeries to be allocated and decides on an independent basis how many surgeries would go to what particular clinics. It is a procedure that was implemented because it is very similar to the procedure that's been in place for a number of years to allocate various types of surgeries within the Calgary region.

MS KRYCZKA: Mr. Speaker, my second supplemental is also to the Minister of Health. Can the minister assure Calgarians that the process being used by the Calgary regional health authority will in no way reduce their access to cataract surgery?

MR. JONSON: Well, Mr. Speaker, the number of cataract procedures that were approved last year for the Calgary region is in my view certainly adequate overall. It shows that in the southern part of Alberta at least we have cataract surgeries being done at a rate which is near the highest, if not the highest, in Canada. It may be that with the quota, so to speak, being allocated to a number of clinics in Calgary, one clinic may exceed their quota, and there may have to be a choice made of another clinic. Nevertheless, I'm very confident that the capacity for this particular procedure in Calgary is adequate.

THE SPEAKER: The hon. Member for Edmonton-Norwood, followed by the hon. Member for Calgary-North West.

Fatality Reviews

MS OLSEN: Mr. Speaker, in January of 1997 a teen from Calgary, Issac Mercer, committed suicide while being held in a police holding cell despite the fact that police had been warned that he was suicidal. After conducting a public inquiry, Judge Landerkin found that the death was preventable and made a number of recommendations to the province. My questions are to the Minister of Justice. What steps have you taken in response to Judge Landerkin's comments that having a separate temporary youth detention facility available in Calgary could have prevented the deaths of Olivia Calf Robe and Issac Mercer?

MR. HAVELOCK: Mr. Speaker, we did refer the entire matter to a special prosecutor to review the judge's recommendations and comments. I'm trying to recall off the top of my head with respect to the very specific issue that's been raised. I believe we determined, after having examined the facility, that we did not feel there had to be a separate facility. Nevertheless, we still need to ensure that young people receive proper care and attention when they're in that facility, and I believe we're addressing it from that perspective. What I'd be happy to do for the hon. member is go back to the department and provide further detail on what exactly we've done.

MS OLSEN: Thank you, Mr. Speaker. My next question is to the same minister. What steps have you taken to ensure that the fee-for-service providers for both Alberta Family and Social Services and Alberta Justice, such as the Hull home, which take on the role of that of a parent, advocate on behalf of young people in their care rather than acting as an agent for the police authorities?

MR. HAVELOCK: Well, again, Mr. Speaker, it's a good question. I will go back and try and get a little bit of detail on that. However, I do recall that it was a specific recommendation that people and those who have the care of these children need to advocate on their behalf, and that was again one of the issues that was raised. I will also discuss it with my hon. colleague, the Minister of Family and Social Services. I know that we are working together on it, but I don't have the specifics of the answer right now.

MS OLSEN: My final question to the same minister: given that Judge Landerkin has recommended that a more transparent, fair, and neutral investigative process by the authorities is needed when a fatality occurs in police custody, what steps have you taken to ensure that the public will have confidence that the RCMP investigation into the Tsuu T'ina tragedy will be independent, transparent, fair and neutral?

MR. HAVELOCK: Well, as the hon. member knows, Mr. Speaker, we have called for a fatality review once the criminal charges have been dispensed with. Beyond that I'm not prepared to comment because it is still before the courts. However, with respect to the issue generally, when the Isaac Mercer situation did occur, I met with representatives of the police association and raised with them the concern that perhaps we needed to look at how these internal investigations are conducted to ensure that there is not only a perception that it's done properly but that it is open and transparent. I've certainly taken that recommendation seriously, and we are working with the authorities in that regard.

Concerning Tsuu T'ina, if there is a determination by the federal government in conjunction with the First Nations that they wish to have an internal review and the RCMP wishes to conduct an internal review, then certainly we're more than happy to assist them in that regard. In fact, I believe the RCMP are presently conducting an internal review at this stage. We do not have authority as the Minister of Justice and Attorney General to actually have that internal review process amended. Nevertheless it's a good question, and I will pursue it with the RCMP.

THE SPEAKER: The hon. Member for Calgary-North West, followed by the hon. Member for Edmonton-Ellerslie.

2:20 High School Mathematics Curriculum

MR. MELCHIN: Thank you, Mr. Speaker. A few weeks ago I asked a question of the Minister of Education regarding the new proposed applied and pure math 10, 20, 30 courses that are being introduced to the high schools and their acceptance by the postsecondary institutions. It was indicated that discussions were being held with the postsecondary institutions at that time. I would like again to ask the Minister of Education: what has been or is being done to ensure that the postsecondary institutions are going to accept both of these courses?

MR. MAR: Well, Mr. Speaker, since the time that the hon. member asked his question originally in this House, I'm pleased to say that the number and depth of discussions have continued and increased between the postsecondary institutions and the Department of Education. The institutions are taking a closer look at the applied mathematics program in relation to the programs they offer. The discussions have involved members of my department, the postsecondary institutions, the Department of Advanced Education and Career Development, and I'm certain that this issue will be dealt with in a timely way.

Because the applied mathematics program, Mr. Speaker, has some content that is in common with the pure mathematics program, it should prepare students better for postsecondary than the current stream of math 13, 23, 33. People should note that math 33 is currently accepted by many postsecondary institutions for their postsecondary programs.

MR. MELCHIN: Again, Mr. Speaker, to the Minister of Education: how will the students who are now enrolling or being asked to enroll in either the applied or pure math 10 course starting this fall be made aware of the decisions of the postsecondary institutions and of the availability of course materials, especially since they're making those course selections today?

MR. MAR: Well, Mr. Speaker, my department has written correspondence to all of the junior and senior highs in the province of Alberta to let them know about the current status of negotiations with postsecondary institutions. In the correspondence, which is addressed to principals and school counselors, there is a commitment to keep them up to date on continuing changes to postsecondary entrance requirements. I certainly urge students or parents to speak with school counselors and principals about this. In addition, they can access information on the Alberta Education web site.

With respect to the materials available for these programs, the pure mathematics 30 material should be available in June of this year, Mr. Speaker. With respect to the material for the applied mathematics 30 program, about a third of it should be ready for later on this year, and then perhaps a bit more will be available for this fall. That's the reason we've allowed the optional implementation of applied math 30, and it will not be mandatory until September 1999. School boards themselves are making the decision as to whether or not they have sufficient materials to proceed with the implementation of applied math 30 beginning this fall.

MR. MELCHIN: Thank you, Mr. Speaker. My final supplemental is again to the Minister of Education. Given that the introduction of these pure and applied maths is being provided as early as this fall without the postsecondary institutions' approval already in place, what assurances can the minister give that these students who are now starting down these core streams will have their accreditation accepted for those courses by the time they arrive at the postsecondary institutions?

MR. MAR: Well, Mr. Speaker, it's my understanding that the postsecondary institutions that have accepted math 30 in the past will accept the pure math 30 program. There has been a verbal commitment made by some of the institutions on this particular issue, and my department will be asking for written confirmation of their verbal advice as well. With respect to the applied math 30 program, again we are continuing our discussions with the institutions. I am satisfied that decisions will be made by institutions in time. We are even prepared to make adjustments to the curriculum to satisfy the needs of the postsecondary institutions so that they do accept the applied math 30 program so that by the time those students graduate from the program three years hence, whatever changes need to be made to make sure that they are acceptable will be made.

Groundwater Contamination

MS CARLSON: Mr. Speaker, arsenic levels in excess of the Canadian drinking water standards have recently been found in some wells in the Cold Lake area. A 1979 groundwater study in the area showed that arsenic was undetectable at that time in most wells. People are worried about the new levels and want more information before a public hearing on a proposed expansion of oil sands activity in the area. Will the Minister of Environmental Protection authorize the release of the results of the environmental protection order investigation into groundwater pollution prior to the public hearing?

MR. LUND: Mr. Speaker, it is true that there has been a level of arsenic detected in the groundwater around Cold Lake, and that level is now in some cases higher than the Canadian water quality standards. However, it is important to note that in fact arsenic is a naturally occurring element in a lot of locations. While we've asked Imperial Oil Limited and Mobil to do a very extensive survey of their production and how there could be possibly some impact from their operations on the groundwater, the hydrogeologists are also suggesting that as you draw down a reservoir, it could be that more arsenic is released. So in fact the source of the contaminant is not known at this time, and we are doing further examination.

MS CARLSON: Mr. Speaker, I'll table five copies of a letter from Imperial Oil warning people in the area not to use the source for drinking, ice making, or teeth brushing. Will the same minister tell us what he is doing to ensure that the long-term quality of groundwater is protected, as the livestock and other users in the area will need clean water long after industry has gone from the area?

MR. LUND: Well, Mr. Speaker, as I indicated in answer to the first question, we've asked Imperial Oil to do a lot more research. Yes, the levels have gone higher than the water quality standards for Canada would feel are acceptable, but the source of the contaminant is a difficult one to determine. We have asked Imperial Oil to do more work on it. We are working in conjunction with the company to determine where the contaminant may be coming from.

MS CARLSON: Mr. Speaker, my third question is to the Minister of Health. What is this minister doing to ensure that owners check their domestic wells to ensure that arsenic levels are below Canadian drinking water standards and that they know what to do if they're not? How are they going to protect themselves?

2:30

MR. JONSON: Mr. Speaker, part of the responsibility of the public health component of Alberta Health is to deal with water supply problems. If in a local area there is an individual, a business, a school, or any other particular entity within the region that has a question with respect to the quality of the water supply,

they should be contacting their local public health authorities. We have in place at the provincial level of course the office of chief of public health in the province. That office has access to laboratory testing services to do an examination of the water supply in an area. This is a very important matter to a community such as northeastern Alberta. The Lakeland regional health authority will of course be very anxious to make sure that the water supply for their residents is safe.

Recognitions

THE SPEAKER: Hon. members, today six hon. members of the House have indicated their desire to participate in Recognitions. We'll go in this order. First of all the hon. Member for Lacombe-Stettler, followed by hon. Member for Edmonton-Castle Downs, then the hon. Member for Calgary-Glenmore, Edmonton-Glenora, Calgary-Bow, Edmonton-Centre.

Before I call on the hon. Member for Lacombe-Stettler, was that so painful? Decorum is wonderful. Thank you all very much.

Paul Wacko

MRS. GORDON: Paul Wacko, 1932 to 1998. I first met Paul while he and I served together as members on the Health Workforce Rebalancing Committee in early 1994. The committee was mandated to make tough decisions on very complex issues, striving for more flexibility and for providing greater access and more choice in the delivery of health services. I'm particularly mindful of Paul's overall objectivity and hard work. His opinions concise, his vision steadfast, he believed strongly in the changes needed to restructure our health care system. It was often to his credit that each issue was so thoroughly discussed, assessed, and a persuasive recommendation made.

Paul and I continued to keep in touch and had so many wonderful discussions. He believed in this province, in this Premier, in his beloved city of Edmonton, and he believed in me. I am today a better person for having known Paul, and by the way, I will continue to walk tall, Paul, and agree with your assessment: success is the progressive realization of a worthy ideal.

Paul Wacko was indeed one of the most successful of men.

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

Bridges for Women

MS PAUL: Thank you, Mr. Speaker. I was very proud to be the keynote speaker for a graduation at the McDougall Centre in Calgary on March 27. The ceremony took place to honour and recognize 16 women who completed a 20-week career development program through the YWCA, Bridges for Women. The program guides female abuse survivors into work and/or further education. It also facilitates training and personal management skills, career exploration, and work search, plus computer or other specific skills training. In addition, Bridges for Women provides a work experience component, one-to-one career counseling, and one-to-one personal counseling.

The bridges program is a unique combination of career and employment courses and work experience which assists women to identify and overcome employment barriers resulting from abuse. It is the next step after crisis support. The program is funded by Human Resources Development Canada and the United Way of Calgary.

Thank you.

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

Thomas Arnott Ballingal Spear

MR. STEVENS: Thank you, Mr. Speaker. Thomas Arnott Ballingal Spear is 101 years of age. Tom was born on October 22, 1896, in Innisfail, then part of the Northwest Territories. Tom worked for the CPR for 50 years. During that time he took leaves of absence to serve his country in both world wars. Tom married Margaret, and together they retired to Calgary in 1962 and to the Oakridge community in 1974. Margaret passed away in 1992. Since then Tom has lived on his own in Oakridge.

Tom is a member of the Turner Valley golf club. He fly fishes about once a week and curled recently. Tom is also active in the Southwood Seniors Club, where he has a reputation as quite the dancer. Tom just had his driver's licence renewed again for two years when he turned 101. In April 1997 Tom was one of six World War I veterans to attend and take part in the Vimy pilgrimage. Wouldn't we all like to be so active at that age?

Congratulations, Tom.

Joan Charbonneau

MR. SAPERS: The integration award is the Alberta Association for Community Living's highest honour and is presented to an individual or group whose efforts have been outstanding in working to ensure that every child and adult with developmental disabilities has the opportunity to take their rightful place in the community. This year's recipient is Joan Charbonneau. Joan and her husband, Ken, are the parents of three adult children, one of whom has a developmental disability.

Joan's commitment, while based on her love for her son Dean, always extended to the community of parents who had sons and daughters with developmental disabilities. Joan never rested on her accomplishments and in fact often challenged herself and others to move the vision of community living forward. Joan was instrumental in founding the Gateway Association for Community Living and has served as its president. Her vision of an organization committed to family support and advocacy remains central to Gateway's work. More than 20 years ago Joan's advocacy set the stage for the inclusive education movement of today. She successfully participated in the advocacy effort to have students with developmental disabilities educated in regular schools.

Congratulations and thank you, Joan Charbonneau.

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

Tartan Day

MRS. LAING: Thank you. Mr. Speaker, today is Tartan Day. This day marks the anniversary of Scottish independence in 1320. Many of Alberta's founding pioneer families once called Scotland home, including the Rutherfords, the Colonel Macleods, and the McDougalls. Scottish settlers built some of the province's first settlements, established some of the first businesses, and helped to develop some of the key industries. They introduced highland dancing, pipe bands, curling, and golf to our province. Today Albertans of Scottish ancestry continue to play a major role in our arts, business, and culture organizations.

Best-selling author Jack Whyte was born in Scotland but has lived in Canada for more 30 years and is a self-proclaimed Albertan by adoption. His 1974 poem, *A Toast to Canada, Our Adopted Land*, is well know to Scots around the world, and I'd like to share a brief portion of it with you today.

Let me propose a toast
To this land where we are, today,
This land that is our Host:
Each lad and lass, take up your glass
And let your mind's eye roam
Across the country, proud and vast
Our Canada, our home.

To May Cameron and all Albertans: have a great Tartan Day.
Thank you.

THE SPEAKER: And a very pretty skirt, I might add.
The hon. Member for Edmonton-Centre.

National Ringette Championship

MS BLAKEMAN: Thank you, Mr. Speaker. I rise today to recognize the 700 athletes who have come to Edmonton to take part in the national ringette championships. There are 33 teams participating in this tournament, and they feature some of the best ringette players not only in Canada but in the world. One of those players is Sue Coggles of Edmonton, who has spent recent months traveling all over the world. She, along with many other Canadian ringette athletes, has been in Europe at the Summit Series helping to promote this exciting and fast-growing sport.

Some aficionados say that this sport, although similar to hockey, often involves much more finesse and skill compared to hockey. I would encourage all members here and all Edmontonians to go and see one of these games if they get the chance. It's an honour for Alberta and especially for Edmonton to host such an event.

I'd like to ask all members to join me in recognizing these athletes and wishing Alberta's team all the best.

head: Orders of the Day

head: Government Bills and Orders
head: Second Reading

Bill 37
Health Statutes Amendment Act, 1998

[Adjourned debate April 2: Mr. Bonner]

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

MS BARRETT: Thank you, Mr. Speaker. I'm pleased to be able to take advantage of the offer that the Health minister made earlier to me in question period when I once more tried to ask questions unsuccessfully about why this government won't introduce legislation that would ban private, for-profit hospitals and why the government is prepared to allow legislation through that will allow private, for-profit hospitals to engage in contracts with regional health authorities, thereby making money off the public, taxpayer-funded system and the system that is also supported by health care premiums paid by Albertans.

Bill 37 is one of the most important bills involving Alberta's health care system that has ever made it to second reading debate in the Legislature. If approved, Bill 37 will weaken and eventually destroy one of the twin pillars of Canadian medicare. The first pillar of Canadian medicare is publicly administered, single payer health insurance covering medically necessary services. The second pillar is publicly financed acute care hospitals controlled by public authorities and owned and operated on a not-for-profit basis.

2:40

As health economist Dr. Richard Plain has pointed out, it is only these two pillars of medicare that are almost 100 percent public. It is only these two pillars that beat the United States' private/public system hands down in terms of cost effectiveness and health results. Other areas of the Canadian health system like long-term care, home care, prescription drugs, supplementary health benefits, and dental care are characterized by concomitant payments and deductibles, costly administration, and lack of universality and portability.

I might point out that Edmonton is hosting the international burn survivors conference this summer. You ask the American burn survivors if they can even get health insurance. No, Mr. Speaker, they cannot. Not only are they not treated for their devastating burns if they don't have coverage, but they can't get additional coverage if they need additional plastic surgery or any other kind of help. They are denied. I don't believe Albertans want to see that. Apart from public insurance and public hospitals, the rest of our health care system is virtually indistinguishable from the private/public mess that passes for a so-called health system in the United States.

It is incredibly ironic and probably coincidental that on the same day the Health minister introduced Bill 21, which strengthens the first pillar by clarifying rules for physicians wanting to opt out of health care insurance, he introduced Bill 37, which will weaken and undermine public hospitals inevitably.

Why was Bill 37 introduced in the first place? The answer is simple and straightforward: to facilitate the opening of the Health Resource Group private hospital in Calgary. That's why. The minister has refused to deny it, and the same happened today with the Premier: he refused to deny it. There is no other reason. That's why I call Bill 37 the HRG legalization act. Why else create a new designation of hospital called an approved "treatment facility" within the Hospitals Act if not for the fact that for over a year the investors behind HRG have been lobbying for the right to offer inpatient surgical and acute care services in the former Grace hospital? What HRG has not been able to get through the back door via the College of Physicians and Surgeons this minister is prepared to give them through the front door via Bill 37.

I have told my staff on more than one occasion that the HRG saga would make a mighty fine detective story. It has all the right elements of intrigue, secrecy, duplicity, and backroom deals. Little did I know, when I first stood up in this Legislature one year ago, last April, to demand that the minister do the right thing and just say no to HRG, that the minister's senior officials had already hatched a secret plan to approve it. Little did I know that as far back as March 19, 1997, less than a week after HRG first announced its plans, which state in black and white that they want to get business from the taxpayers via the regional health authorities, a fact sheet was prepared for the minister by his department which said:

> Alberta Health does not have the full details of the HRG proposal; however, from the information gained thus far it would seem that the plan is in keeping with our policies on private sector involvement in the health system.

I am tabling copies of this fact sheet as well as copies of other correspondence I will also be quoting from, largely for the purposes of *Hansard*, but maybe other members of the Assembly would be interested in reading the information.

Alberta Health then approached the registrar of the College of Physicians and Surgeons about accrediting HRG as a nonhospital surgical facility. The registrar put the request on the agenda for that June 1997 meeting of the college council. In their wisdom, the college council turned Alberta Health and HRG down flat. I quote from a 26th of June letter from the college explaining their decision.

> Our standards extend to day-case procedures only, and do not address requirements for the safe and effective care of in-patients,

inpatients being the code word for overnight patients who must be there for medical purposes.

You would have thought that would be the end of the matter, but no. Neither HRG or Alberta Health knew how to take no for an answer. Within weeks they were back scheming and plotting to get the college to change its mind. Last September 4 the Health minister wrote the registrar of the college, arguing that "Section 93 of the Medical Profession Act is broad enough" to allow the college council to accredit facilities with beds for overnight stays.

Three weeks later, on September 26, the Deputy Minister of Health wrote an even more emphatic letter to the registrar of the college, trying to convince them of the same point. Two weeks later, on October 3, 1997, HRG was allowed to make a presentation to the college council and asked for immediate approval of their plans for inpatient services involving overnight stays. Instead, the college council refused HRG and Alberta Health's request a second time. The college delayed making a decision so it could consider the broader implications for the public health care system.

Between the October and December council meetings HRG and Alberta Health's lobbying continued. This lobbying culminated in a resolution being prepared by the college staff for the December 5 council meeting, which would have given HRG what it was seeking. The resolution, thank goodness, was cut off at the pass by another resolution introduced by two of the public members on the college council. Moved by Carol Krachy of Calgary and seconded by John McDonald of Edmonton, the motion read as follows.

> Whereas the council of the CPSA considers the provision of services involving overnight stays to presently be interpreted as "hospital services" under the aegis of the Hospitals Act,
>
> be it resolved
>
> that the council of the CPSA does not approve the application of the HRG to expand the list of procedures to those which necessitate overnight stays,

and be it resolved

> that the council of the CPSA advises the minister that in view of concerns regarding issues of access to quality care and in view of the rapid development of private contractual arrangements within the public health care system that further public discussion and political direction on this matter is essential.

The motion represents a ringing endorsement of public health care. It passed by a margin of 17 to 1. For the third straight meeting the college said no – capital letters NO – to HRG and private hospitals.

You would have thought that three strikes and you're out, but for the third straight time HRG and Alberta Health wouldn't take no for an answer. So here we are debating Bill 37 today, a bill that will weaken and ultimately destroy one of the twin pillars of the Canadian advantage, and that is: hospitals operated on a not-for-profit basis.

Last Thursday in this Assembly the minister said that Bill 37 has the approval of the College of Physicians and Surgeons. This is false. Only the council of the College of Physicians and Surgeons can take policy positions on behalf of the college. The council has not even seen Bill 37, let alone discussed it. They have certainly not taken a position on it.

The position that the college council has taken on for-profit hospitals is this. In December 1997 the college said that HRG was a hospital in all but name, and they refused to approve it. The council further said that private hospitals providing inpatient services should not be allowed until there had been broad – broad – consultation first. Mr. Speaker, Bill 37 was introduced without any prior public consultation. Bill 37 is contrary to both the spirit and the intent of the council decision of 1997, and the minister knows it.

Alberta has no tradition of corporate hospitals. This point was made by journalist Gillian Steward at the Parkland Institute conference last weekend. Gillian used to be the managing editor of the *Calgary Herald* back in the days before it became Conrad Black's vehicle for ideological promotion. Gillian made the point that when our grandparents and great-grandparents saw the need to open hospitals, they didn't turn to private investors or the stock exchange. They turned to their churches and to their municipal and provincial governments. Despite their entrepreneurial spirits, our grandparents and great-grandparents never saw an institution treat the sick and injured as a profit opportunity; they saw it as a community service. I am not aware that there has ever been a for-profit hospital in the entire history of our province until now.

I believe the Minister of Health is a decent and honourable person. I say to the Minister of Health: listen to your heart rather than to those who see Canada's precious legacy of a public health care system as a profit opportunity rather than a community service. Please don't give those who put the profit motive ahead of the public good the opportunity to undermine a public health care system that is an important part of the Alberta advantage and the Canadian advantage.

Withdraw Bill 37. At the very least, amend Bill 37 to categorically state that under no circumstances will private hospitals ever be allowed to access the resources of the public health care system via contracts with regional health authorities – i.e., the taxpayers – and that under no circumstances will physicians who work or invest in private hospitals be allowed to get the best of both worlds by working in the public system as well, as is the practice in Britain, which has destroyed the national health service.

Canada is one of the few countries in the world where the Premier receives the same medical treatment in the same emergency room in the same hospital as one of those so-called skid row alcoholics who lives on 96th Street. The fact that the Premier of Alberta went to the Royal Alex when he injured his ribs is something to celebrate, Mr. Speaker. The fact that a former Premier went to the Foothills for heart bypass surgery is also something to celebrate. I for one never want to live in a province where the Premier chooses to go to a private hospital either because he will receive better treatment or to escape negative publicity.

2:50

Some members of this Assembly may be thinking: "What's wrong with approving one for-profit hospital? It's only got 37 beds and three operating rooms. That's small potatoes compared to the number of beds and operating rooms in the public system. Besides, the investors and directors involved seem like nice people." Heck, one of these nice people is even the husband of a member of the government caucus, and I congratulate her for absenting herself on all matters relating to hospitals and health care in Alberta. Well, I'll tell you what's wrong with it, Mr. Speaker. Let there be no mistake. Once we go down the road of for-profit, corporate hospitals, there will be no turning back. If we allow one corporate, for-profit hospital like HRG to open, we will have no choice but to allow many more. That is because under the NAFTA agreement rules, corporations like Columbia/HCA, which run 330 acute care hospitals in the United States, would have the legal right to demand exactly the same treatment from the minister as HRG receives.

In the short term, who else besides HRG might want to open a private hospital? Several Calgary ophthalmologists recently purchased the former Holy Cross hospital and the valuable real estate it sits on for the princely sum of $5 million. By the way, that's about one-tenth of the cost of the renovations and upgrades done to the Holy Cross just a few short years before the incredibly shortsighted decision was made to close it down, a decision made by this government's appointees on the Calgary regional health authority. For now, the new owners of the Holy Cross plan to operate it as an outpatient clinic. But what do you want to wager, if HRG is allowed to offer inpatient services at the former Grace using the approval process set out in Bill 37, that the new owners of the Holy Cross won't be right behind them asking for the same thing?

If members of this Assembly don't think that once we open the door to one private hospital, we will open the door to many more, let's look at Alberta's experience with private, for-profit clinics, the so-called nonhospital surgical facilities. About 15 years ago we opened the doors. I shouldn't say we; they, the government. I certainly didn't endorse opening the doors to these private clinics. You know how many we've got today? Fifty – five zero – private clinics. Do we really want to pass Bill 37 and end up in the situation 15 years from now where we have 50 private, for-profit hospitals in Alberta dipping into the taxpayers' money? They don't have the guts to go it alone. They want the taxpayers' money to support them.

In conclusion, Mr. Speaker, Bill 37 is a bad piece of legislation designed for no other purpose than to save the financial bacon of a group of Calgary investors. If they had the guts they say they do, they'd go ahead and open up and just deal with private patients, people who can pay the whole bill. No, no, no, they don't have the conviction that goes with their statements. They don't have the courage. They know they'd go broke. They need the taxpayers to support them in their private, for-profit venture. These investors are backed by MDS Incorporated out of Toronto and the Sun Healthcare group out of Albuquerque, New Mexico. These corporations would destroy one of our nation's proudest achievements: our universal, comprehensive, accessible, portable, and publicly administered health care system.

Bill 37 does not safeguard Alberta's public health care system; it seeks to undermine and destroy it. This bill is without a single redeeming feature. If the minister will not withdraw it, I urge all hon. members to defeat it. In closing, I also urge the minister to come clean and tell us why it is that he will not bring in legislation that would specifically ban private, for-profit hospitals that would be double-dipping into the public health care system, the taxpayers' dollars.

THE SPEAKER: The hon. Member for Edmonton-Mill Creek.

MR. ZWOZDESKY: Thank you, Mr. Speaker. I rise to address some comments with respect to Bill 37, that being the Health Statutes Amendment Act, 1998, during second reading.

I've had the opportunity now to review this bill in some detail, Mr. Speaker, and in speaking to it at this stage, I have some observations and some questions that refer to the general thrust of the bill or the purpose of the bill. In preparing my comments, I read with great interest the minister's comments of April 2, 1998, wherein he made some very strong statements with respect to the government's commitment:

> 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.

Those are extremely good statements and extremely strong statements, and we'll be watching and following the minister along and ensuring that in fact that series of statements is enacted.

However, as I read the statements of the minister and understand the Canada Health Act in the context of his statements, which provides for affordable and accessible and portable and universal health care, I'm not sure how those statements square with some of the aspects that I see written into this bill. If this bill does in fact extend that protection and that support for publicly funded health care, then how do you defend those five principles of the government's support, and how do you square aspects of this bill with those statements? In here I see the provision for insured and uninsured services becoming available in the same facility at the same time.

Now, that's my understanding of the spirit of what underlies subsection (2) on page 1 of this bill and section 5, in particular, where there is reference made, Mr. Speaker, to "a non-hospital surgical facility." Now, that in itself is an interesting new technical terminology, and I flag it for the minister because I remember how much concern there was when we started changing names and bringing in new definitions for hospitals. The minister will remember, even though he wasn't the Minister of Health at the time, that we suddenly abandoned the term "hospital" in favour of something else called medical health centre or something along that line. It caused quite a concern, and over a period of a couple of years I think the government changed its thinking on it and reverted to the title of hospital because it was not understood under the changed name and it was perhaps misleading to some individuals as well.

We saw the same thing happen when we introduced the term medical hostesses or something along that line, health care hostesses perhaps. We were really talking about nurses in one case, perhaps LPNs in another, and perhaps receptionists in another case. So I'm always a little bit concerned, Mr. Speaker, when I see definitions provided within definitions that are sometimes not as clear as they could be, and I certainly see that here with respect to the definition given to "facility services."

I would like the minister at some point to address the question about whether or not we are going to have both insured and uninsured services – medical procedures, that is to say – available under the same roof, and if that's indeed possible here or not, I'd like to know. In fact, I wouldn't mind the minister clarifying whether that circumstance exists even now. Perhaps it does and I'm just not aware of it. I would like more comment on that.

I have to tell you, Mr. Speaker, that my comments in respect to this and what I'm about to follow up with are really fueled by what my constituents have been telling me now for several years. In fact, having had the privilege of serving them for almost five years now, I find it interesting that the number one concern was and continues to be health care, and there are many different aspects to it. The recent survey that I did just a few months ago in fact overwhelmingly re-endorsed a previous endorsement of publicly funded and publicly accessible and available and affordable health care in the province of Alberta. I think the government members are hearing the same things.

However, as I look at this bill, again attempting to be very objective, I want to know whether or not this bill by any chance detracts from those intentions, either the intentions of the five principles of the Health Act or the intentions of the government to provide quality health care under the publicly funded system scenario, or any other form of detraction. The spirit of what Albertans want I believe is embodied elsewhere, in other legisla-

tion that specifically talks about fully funded public health care.

3:00

If this bill is not an encroachment and is not a danger to the public health system in Alberta when there is a growing concern about the effects of the bill out there, then why is it that we have some large organizations not yet buying into this bill? I'm thinking in particular of organizations like the United Nurses, hon. minister. Now, perhaps it's not the type of bill they would be expected to buy into, because private operations wouldn't necessarily have to hire unionized staff, either nurses or clinical support or otherwise. So perhaps that is a point the minister will comment on.

I find it interesting that some of these so-called stakeholders, including the nurses' group, have come out and publicly voiced serious concerns about the possibility of encroachment on the public health system through certain aspects of this bill. The nurses, to say something that doesn't need to be repeated, work on these issues on a daily, regular basis. They're the professionals in the field, as are the doctors, and I always get concerned when professionals within a particular area voice opinions of concern about where a particular piece of legislation might be taking us.

If, on the other hand, the government is truly, truly committed to and fully supportive of public health care in the province, as they say they are, then isn't it fair to expect that the government would be doing more things and doing almost everything possible to concentrate more on publicly funded health care provisions in the existing system? Wouldn't it be fair to ask the government, under the context of this bill, what they're doing to improve the existing system, what they're doing to expand the services there to make these five principles more enactable, to make health care more accessible, available to ordinary Albertans? Or does the whole area of health care need this kind of redefinition? It's just not clear here, and I have trouble supporting this at this stage because of the unclarity.

I'm not sure any longer, Mr. Speaker, how our health care dollars in the province are impacting ordinary patients at the lay level and how a bill like this would improve that or detract from it. If this bill does, as the minister says, strengthen the government's support for publicly funded health care, if it seeks to benefit Albertans in some other way, then I would view the bill to possibly be an addition to services that are already there, and provided they are affordable, I would have no problem with that. I don't, quite frankly, see that that is precisely what is happening here.

So I have to ask a few additional questions here with respect to, for example, the issue of the services that may be provided in nonhospital surgical facilities. One of the areas that falls within that somewhat gray area would be plastic surgery. Is this bill going to allow for plastic surgery then to be done outside a hospital facility, or is this new bill going to allow for plastic surgery to be done in a surgical suite? Any plastic surgery that I'm aware of at this stage is always done in a hospital setting. Now, perhaps there are other settings within which it happens, but those are the ones that I'm familiar with.

The other question is the area of ophthalmology. Now, I know, for example, that ophthalmological services are in fact performed on a routine basis outside the confines of a hospital setting, but I don't know precisely what types of procedures would be allowable under this bill in a "non-hospital surgical facility" versus those that would not be.

Then there's the issue that keeps getting raised from time to time, with respect to overnight stays. There, Mr. Speaker, we have a whole other level of debate. We saw what happened here recently when a certain facility in Calgary – I can't recall if it was the HRG facility or one other – apparently held someone overnight. I'm sure it was for a good reason, but does that constitute some breach of definition? Does that somehow suddenly qualify that hospital for some other form of status?

Now, another part of the bill that caught my attention, in terms of the spirit driving them, was on page 4 of the bill where we talk in general terms about what it takes for the minister to approve an application for one of these said facilities. In actual fact, I find the conditions quite sensibly placed, and I have no problems with that. The only difficulty I have is with respect to the potential competition between private health care and public health care and where this wedge is going.

I don't think it's a phenomenon, Mr. Speaker, unique to Alberta. I think it's happening elsewhere, but I think here in the province we have a chance to again be a leader, not necessarily by allowing it, I'm saying, but by stopping it, because there are growing concerns with respect to the types of services that are going to be performed outside the insured scenario. While I appreciate the conditions that have been spelled out here with respect to business plans and staffing requirements and the geographic area that's going to be served, what the population of that area is and specific services and so on, I am concerned about the impact that particular facility or group of facilities will have on the existing system as we know it.

Another area of interest to me is the area that talks about the definition of the council which has to be satisfied that the treatment facility is accredited, yet there is the minister's approval needed even prior to that or perhaps in conjunction with it. Now, my reason for flagging that, Mr. Speaker, is because I searched everywhere to see what it was that the College of Physicians and Surgeons had to say about this bill. But in all the research that I was able to get my hands on, nowhere did I find a statement for or against the bill by the council of the College of Physicians and Surgeons of the province of Alberta as defined under the Medical Profession Act. So I'm curious as to why they haven't taken a position, although I did hear part of an interview with a spokesperson from that organization wherein I think he said that the college was going to restrict itself to its role of approval of facilities under the supervision of the minister rather than getting into a debate on the specifics of the bill. Now, that's rather in stark contrast to the example I offered earlier which came from the United Nurses of Alberta, who are, from what I've read at least, against the bill. So given that the council at the college has not yet said if they are in favour of this bill or not, I am reluctant to know what it is that we in this House should be saying about certain parts of this bill.

No one is going to argue that we have to address the need for services in the areas where those needs are arising across the province and that we have to look at what other complementary services or competing services are available in those same areas so as to avoid duplication but provide for services where and when needed.

What doesn't square with me, however, is that we have a public system already that is supposed to be functioning well, according to things we hear government members saying, in particular the minister – and I want to believe that – so why the need for this additional category, if you will, of facilities under a newly made-up title? In fact, on page 1349 of *Hansard* of April 2, 1998, having read the minister's comments through, he did say that Bill

37 is clearly establishing the minister's authority to

> prohibit or even control a private health facility seeking to provide inpatient surgical services outside of the public health system.

He goes on to talk about how the legislation also

> provides additional control over the operation of nonhospital surgical facilities performing work within the public system.

I read that about four or five times to make sure that I understood the minister's commitment to stop the advent of additional private, for-profit health services in the province, which would function to the detriment of the existing public health system and would in fact undermine it severely. I'm aware of the fact that we already have some private health care being offered in the province, in particular with MRIs and ophthalmology and certain parts of radiology services that are offered. However, I think the concern is very legitimate, so I'll look forward to the minister addressing some of those points.

3:10

At the same time, I had a few questions. Without getting into the specifics, which is not allowed of course during second reading, I would just like to flag on page 5 of the bill the issue that "the Minister may by notice in writing to the operator cancel an approval" of an existing facility's application. I'm interested in what the screening is, what the research is, what the information is that the minister is going to be basing that decision on, over and above what's spelled out in the act of course, and how it is that we as a public or, for that matter, we as MLAs are going to know how these new treatment centres are performing. Are they performing to expectation? Are they conforming to the Health Act, as they're supposed to? Are they not draining public dollars toward private health services? How are we going to know that? Will the minister make the inspections and the examinations referred to in the act available to us in the public sense?

I would hope that is the case and that that doesn't breach any of the confidentiality rules and regulations and policies of the government with respect to private operators, which we keep hearing about when we talk about loan guarantees and things of that nature or the Treasury Branches, for that matter. I understand what the Treasurer is alluding to there. I don't agree with all of it, but I understand what he's saying. I'm wondering: does that same scenario of confidentiality loom over this bill with respect to us finding out about the inspections and examinations referred to?

The final aspect has to do with regulations, Mr. Speaker, and those are in fact very detailed questions which I and my colleagues will address at a later stage, perhaps during committee.

In conclusion, I just want to say that as I reviewed this bill, I couldn't at this stage, hon. minister, find favour with it just yet because I really don't see how it strengthens or expands or improves the benefits of the public system such as we have it. I don't see how Albertans would be profiting from this bill at this stage. I will wait to see what the hon. minister has to say in answer to that. Should the minister come back with satisfactory answers, I'd be willing to give that a second look, given that it's guaranteed that this bill will not undermine the underpinnings of what I think is a very productive and successful health care system in our province.

Thank you, Mr. Speaker.

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

MR. DICKSON: Thank you very much, Mr. Speaker. I'm pleased to join debate on Bill 37 this afternoon. It's of particular importance that we look at the issues and the principles to the extent we can find them in Bill 37. Bill 37 doesn't have a principles section, so we look to the words of the Minister of Health when he introduced the bill or at least spoke to it at 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.

Well, what Albertan would disagree with that? In fact, it's always very encouraging to hear the Minister of Health in this province making that kind of a declaration. So to the extent that we don't have a statement of purpose in Bill 37, then presumably we're informed by the statement or the declaration made by the Minister of Health last Thursday, I think it was, when starting off the second reading stage of Bill 37.

Mr. Speaker, we've followed an interesting road to get us to this stage in this province. The Hall commission had initially recommended a health charter, and members will recall when Mr. Justice Hall made his very specific recommendations that led ultimately to the Medical Care Act of 1966 and then progressed to the Canada Health Act of 1984. As much as commentary may be directed to the Canada Health Act, I think we recognize that it is essentially a funding vehicle, a set of loosely defined terms and provisions. In many respects it's been unsatisfactory that we rely on that 1984 statute to be our bulwark, if you will, to prevent a hugely expanded role for private, for-profit medicine in this province, a circumstance or at least a peril that I think is of enormous concern not just to members in this Assembly but to all Albertans. We have gained a reputation throughout this country as the place where private, for-profit medicine is most welcome, where the door is always open, and where entrepreneurs interested in making a dollar on the basis of providing health care services are going to receive the most boisterous welcome anywhere in Canada.

The need for regulation of private health facilities is something that the Alberta Liberal caucus has talked about often. I think while other provinces – Ontario has its Independent Health Facilities Act – and other jurisdictions have attempted to address the kind of accreditation or certification, the kind of consent that would be required before private, for-profit health providers could set up shop in their province, Alberta had nothing. So on the one hand, it's encouraging to see the introduction of Bill 37, which is an admission and an acknowledgment that there is a lacuna, or gap, in our legislative scheme, a gap that has to be filled. The difficulty is whether in fact Bill 37 that we're looking at now is the vehicle to be able to do that.

In considering Bill 37, I had occasion to look at a report done by the Canadian Bar Association Task Force on Health Care. The CBA published a report in August of 1994 entitled What's Law Got To Do With It? – Health Care Reform in Canada. That's the title. The task force had been established to study the existence and extent of any legal right to health care in Canada, and in particular (a) to inquire into, report on, and make recommendations concerning the legal aspects of the availability and allocation of health care resources in Canada and (b) to consult with appropriate CBA sessions and conferences, substantive laws, procedural matters, and legal issues that relate to the allocation and availability of health care resources. The committee had been chaired by Richard Fraser QC, an Edmonton lawyer.

There's much useful information in that report, and it's something that's helpful in terms of informing us in debating Bill

37. In fact, I refer members to page 95 of that report. There's a recommendation which appears there after some analysis and some commentary. The recommendation is simply this:

> There should be an open process of study, consultation and debate to clearly define the role of public health care and whether there is a role for private health care, and if there is, its extent, and to deal specifically with any overlap or duplication.

3:20

I think what's expressly identified in this report and a host of other reports is that the Canada Health Act is a useful tool, but it doesn't fill the field. It doesn't fill the space. There is a need for legislation to address the detail in terms of private, for-profit clinics. Whether it's the HRG project in the former Grace hospital in downtown Calgary or whether it's a private operation in Canmore, Alberta, or in any other part of this province, it's important that there be a legislative response, that there be set of standards and expectations in terms of what will be permitted and what will be acceptable.

So we come back, then, to Bill 37. Before dealing with some of the elements of the bill, I want to make this more general observation: perhaps if we were at a different time and in a different province dealing with something like Bill 37 coming forward, we might well take a somewhat different view of it. But we have a context which informs the debate around Bill 37, Mr. Speaker, a context that I touched on earlier when I talked about the enormously enthusiastic welcome that private, for-profit health providers receive in this jurisdiction. We've seen the experience where Alberta taxpayers in effect had to pay the equivalent of virtually a $3 million penalty because we didn't adhere to the Canada Health Act. We've seen a government that seems all too ready to embrace a wide array of private, for-profit health providers.

It was in this province that we learned of and last year I was able to access a copy of a report called Towards a Core Health Services Framework for Albertans, a report that recommended to the Minister of Health a situation where our 17 health regions would start potentially defining what's an essential service and whether that service would be provided in a hospital context or whether it would be provided in a private clinic or in a doctor's office. That towards core services report was perfectly consistent perhaps with other initiatives of this government but also equally unsettling.

We've never heard the Minister of Health say that the towards core services report has been repudiated. We've never heard the Minister of Health say that that's not still an active document directing health care planning in Alberta. Maybe it is; maybe it isn't. But until such time as the Minister of Health stands in his place and says, "The towards core services report was a foolish idea; it was a report that had dangerous implications, dangerous consequences, and we're not going to pursue it in this province," we have to assume that the recommendations in the report are part of our political landscape and part of that body of information the minister is relying on in crafting his plans.

So if we look at the past difficulty with the Canada Health Act and the $3 million penalty to taxpayers, if we look at the expanded role for facilities like HRG, if we look at the towards core services report, and if we simply take the kinds of comments we hear from the Minister of Energy and members of the government caucus that are absolutely enamoured of for-profit, privatized delivery of service, we have to hold Bill 37 to a different threshold or a different standard. I think when we do that, we find Bill 37 wanting.

Mr. Speaker, I had been critical before when it appeared to be simply up to the College of Physicians and Surgeons in terms of whether a facility like HRG would be accredited. It was clear that there were huge policy implications that had to be addressed which the council of the College of Physicians and Surgeons were not mandated, not elected to address; that was a responsibility for this Assembly. So Bill 37 in the sense that you have a minister coming forward and saying, "I will accept responsibility for a decision in terms of whether a facility will be sanctioned," is a very positive thing. That's a step forward from where we were before, but given the context that I've been at some pains to describe, I'm going to submit that it's not good enough. I think this is no reflection on the current Minister of Health. It's a reflection on the philosophy of the government in power in Alberta right now.

[Mrs. Gordon in the chair]

I think what has to be put in place is a more public structure. We know in this province the extent to which ministers are able to operate outside this Assembly on the basis of secret consultations. We know the extent to which ministers are entitled to consult with selected stakeholders. We know the fact that there is no all-party oversight of subordinate lawmaking, of development of regulations. So when we look at Bill 37, we see that it really all comes down to ministerial consent, ministerial approval. If we look at the new section 67.4, it all comes down to that single minister. And while we may have some measure of confidence with the current Minister of Health, if, as is rumoured, there is a cabinet shuffle immediately after the spring session – who knows? – there may be a different minister holding this portfolio. If that's the case, Madam Speaker, then we find that Bill 37 wouldn't be adequate protection of the public interest. It simply wouldn't be sufficient. So assuming the bill receives support at second reading, at the committee stage I'll undertake to provide a set of amendments which hopefully will provide a much broader kind of input.

When this bill was first rumoured, back at the beginning of the spring session of the Legislature, I recall asking the minister at that point whether he would commit to two things. Firstly, whether he would commit to some form of public hearing around the bill, which now takes the form of Bill 37. I also asked the minister: would he consider some broader kind of decision-making process so the power wouldn't reside simply with a single minister? I stand to be corrected, but the response, Madam Speaker, as best I can recall, was no and no.

What we have with Bill 37 then – I think Albertans can take it that, in the words of the Canadian Bar Association task force report, this may be as close as we ever get as Albertans and as legislators to that kind of

> an open process of study, consultation and debate to clearly define the role of public health care and whether there is a role for private health care.

I might say parenthetically here that in this province we already have a significant role for private, for-profit health care, and this may be the only opportunity we get in the spring session to debate whether that role's going to be significantly expanded. If we have no fall session, this will be the only opportunity we have in 1998 to debate those things. So that means that we hold Bill 37 to a higher standard. This is not simply another piece of legislation. This is not simply a housekeeping bill. This isn't just a technical matter. This really becomes the only debate that this province is going to see around private versus public health care.

3:30

So I start off by saying that in some provinces it might be good enough for the minister to make the decision. Given what we've seen of this government's record – and I'm anxious to stress that it's the government's record and not the minister's record – I don't think giving this enormously important power to a single man or woman in the cabinet can pass muster. You have the minister giving the consent. You have the minister making the inquiries and visiting and inspecting the facility. You have the minister making regulations under the new section 67.9 on page 6. It's a closed process. There's no requirement anywhere in this bill that says the minister must consult with any public body. There's no provision in here that the Consumers' Association of Canada has to be consulted. There's no provision in here that seniors' groups have to be consulted. There's certainly no provision in here for opposition MLAs from either the Liberal caucus or the New Democrat caucus to have any input. The minister just goes off and makes the decision. Madam Speaker, that's an enormous problem. It's a huge problem.

If we turn to specific elements of the bill – and I'll go through that. Madam Speaker, because there is no statement of principle in the bill because it's an amendment bill, I hope you allow me some latitude in dealing with some of the more specific elements. That's in effect what we have to do in the absence of a statement of principle or a purpose statement.

The description in terms of the new section 1(2), the definitions section, appears to be comprehensive, although you have provision – I've heard rumour that the Hospitals Act may be subject to some further revision. What we've done in section 1(2) – this would be the new section 5.01(1)(d), where we talk about what a "non-hospital surgical facility" is – is that we exclude "an approved hospital within the meaning of the Hospitals Act." Hopefully we'll get some clarification from the minister whether in fact there are any current plans to amend the Hospitals Act and whether that amendment is going to change the definition of an approved hospital to make it skinnier or fatter than it is currently.

The provision in terms of fines seems unreasonably modest. When one looks at the kind of money involved in private, for-profit health care and not only the kind of capital investment, I think a larger fine is warranted.

Thanks very much, Madam Speaker.

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

MR. MacDONALD: Thank you, Madam Speaker. It's a pleasure to rise this afternoon and say a few words about Bill 37. I've been listening to the debate this afternoon with interest and reading last week's *Hansard* when the Minister of Health, the hon. Member for Ponoka-Rimbey, introduced this bill. He goes on at great length and reassures us that there's going to be a balance struck here. I've been watching with interest the public health care versus private health care debate unfold, not only in this province but in this country and around the industrialized world where we have the privilege of even entertaining this debate, where we have enough resources to provide health care for our citizens.

Madam Speaker, from what I can understand of this bill – and it is ironic that this government would introduce not only Bill 37 but also Bill 21 on the same day – it is my opinion Bill 37 paves the way for private health services within the publicly funded health system of this province. By introducing Bill 21 and legislating doctors to remain in the public system, the government is admitting that the future of publicly funded health care is bleak, a future where public health care is underfunded and exhausted, ghettoized with the poorest and the sickest of Albertans, while private health care easily lures doctors into its attractive lair.

Now, we've heard this argument from many, many speakers, but what is most important is that the public eventually are going to get frustrated with this debate. Who's to say they're not to throw their hands in the air in despair and say, "Yes, bring on more private health insurance because I just can't wait in line any longer," or: "My loved one is very sick. I need that MRI today. I'm going to pay my money, and I'm going to get it done"? This is eventually going to weaken the public system.

The strongest advocates for the public system are many of the people who lived in this province and raised their families prior to 1965. They fully understand the financial implications of a private health care system. They had to take out second mortgages on their homes. They had to go and get loans from various sources just to pay the doctors and the hospital fees for a loved one who was sick. Of course, that no longer happens in this country. We have a tendency to forget that, Madam Speaker, but the seniors of this province remind us all the time of what they and their family members and their parents had to endure in order to make ends meet.

Sometimes a serious illness in a family would cause economic ruin for the entire family. Since we've had medicare in this country and since everybody was willing to abide by the five principles of the Canada Health Act, that is no longer true. But if we allow this slipping and this sliding and this sort of quiet wink and nod towards the private health care system by permitting this bill as it stands to become law, then that is no longer going to continue. Eventually people are going to have to start paying out of pocket, because the balance that the minister is talking about here is the balance between what we spend in total on health care in the private system and what we spend in total on health care in the public system, and the balance is shifting.

We look at the external forces in this debate, Madam Speaker, and we look at people talking about commercial pressures, market forces. Also, the easiest way to sum this up is by talking about the privatization creep; that's what health care economists call it. People look at the population here in Alberta. It is healthy. It's prosperous. There's a disposal income in this province second to none in the country, and they see this as a market. The population is slowly aging. Granted it's not at the rates that the other western Canadian provinces are aging, but it is aging, and there is a market there. I think we have to make up our minds on this and we have to make up our minds very soon. I don't think we should be making a profit on someone's illness. There is enough in this economy to make a profit on. The idea of making a profit on someone's illness is offensive to me. We should look at this because a private, for-profit hospital is self-explanatory, and if we allow them to flourish, we're going to cause our fine publicly administered system to deteriorate.

3:40

Now, when we look at the Hotel de Health that was set up here in the city, it ran into a few problems. Then it went south of the city – I believe it went to Devon, and then it went to Leduc – and there were some comments made, and there was a great deal of public debate. Then it wound up in Galahad out by Forestburg. And if that wasn't good enough, HRG appeared in Calgary. Now, we all talk about the facility and having the right to have patients stay overnight, but just exactly what are we doing here? We're looking at a market.

The hon. Member for Edmonton-Glengarry reminds me of the Workers' Compensation Board and the fact that over $70 million annually is spent on medical rehabilitation by the Workers' Compensation Board for workers who are injured. Now, all this money, as far as I know, is going into their own facilities and into the public hospitals. Whenever these private, for-profit hospitals have their way and have their say and they can keep their patients, what's to stop them from cherry-picking the nice cases from the Workers' Compensation Board list? By nice cases I'm not talking about back injuries or conditions of that nature where they can guarantee themselves to make a profit and it's not a difficult case; it's an open and closed file.

If it's a leg that's broken or an arm that's broken on the jobsite, then there's going to be a period of time when that limb is going to heal. The worker, he or she, is going to return to the workforce, and that will probably be it. If they can take these cases, make a dollar off them, and then leave the more complicated ones to the public system, the ones that are possibly going to lead to a disability over a long period of time, well, Madam Speaker, I do not think that is right. It is something that in this debate we have to consider, and I'll be looking forward later on, in Committee of the Whole, to seeing if the minister has any remarks regarding this issue for me, because I'm sure that's a big part of the market. Seventy million plus dollars is a lot of money, and I think it's one of the issues that needs to be addressed in this debate.

We have to look at the reality here in Alberta, and that reality is that we have always had a private health care system to some extent. Currently, private health care, as I know it, Madam Speaker, is provided by more than 40 health care facilities in this province in areas such as psychiatry, medical laboratories, radiology clinics, magnetic resonance imaging, private ophthalmology surgical suites, and numerous joint ventures between public and private sectors. Now, the proponents of the extension of the private health care system see this private system as offering – we all know this – greater convenience, flexibility, personal care, reduced waiting lists from the public system – we've all heard that argument – and they are going to be innovators within the scientific and research field.

Well, we have with our public system now a fine system. There are the administrative costs – we don't have to go into the figures on this – which are so much lower than the system they have in America. They have various state plans. They have private plans with both employers and employees. There is this hodgepodge of systems, and administrative costs go up, up, up. Here we have one system, and we have reasonable administration costs which do not eat up a large portion of the budget. The rest of the budget goes directly into health care spending, and this should be maintained. I do not understand how Bill 37 can even expect to change this.

We're talking about amending the Alberta Health Care Insurance Act, the Hospitals Act, and the Medical Profession Act. All this is fine, and certainly in the *Hansard* of April 2 I accept the sincerity of the minister regarding this. But these are not the amendments we need to make to the health care industry in this province. We need to talk about amendments to legislation regarding the poor quality, the poor state of labour relations between the various health authority regions in this province, the employee and the employers. It just boils down to that. There are very, very poor labour relations going on here. The LPNs over the weekend in Calgary: they did go back to work on Friday, and I was very relieved. If there are any hon. members in this House that had anything to do with that return to work, I commend them for it. I certainly do, because it was a great risk if these wildcat strikes continued. If anyone in this House got involved in that and resolved the situation and got those people back to the mediation process, then I commend them, Madam Speaker.

The big picture in this province, Madam Speaker, is of mistrust, and this has developed because of the restructuring of our health care industry. The LPNs, the support staff, the nurses, and now of course the doctors, the doctors in Fort McMurray and in Red Deer, are not satisfied. I don't think these amendments, this Bill 37, are in any way going to be satisfactory to these groups, because they do not address the problems with the health care industry in this province. This has nothing to do with what is really the matter. The matter is the allocation of funds.

One of the things my constituents would like to see their tax dollars spent on is an accessible health care system that abides by the five principles of the Canada Health Act. That's what they want their money spent on. That's not what their money is being spent on now, and they're disappointed. I go to their doorsteps all the time and they say to me: "Son, you go down to that Legislative Assembly and you stand up and you speak out on our behalf, because that's what we want. You go down there and you hold the feet of those ministers to the fire."

MR. BONNER: The number one concern in the Angus Reid poll.

MR. MacDONALD: The number one concern in the Angus Reid poll across this country – and it's reflective of this province – is the state of health care.

This bill does not address the fears of my constituents. It only encourages their fears that the health care system is going to be further eroded, that it's going to be dismantled piece by piece slowly, consciously so that we can have more privatization creep. That's getting back to what the health economists have termed this: the privatization creep. If you look at a graph, it's going up and up and up, and the respect and the confidence that people have in the system is getting less and less and less.

Two years ago I believe, Madam Speaker, the current Minister of Labour announced plans to let Alberta doctors operate medical practices through privately run charitable foundations. This was an amendment that was proposed to the Medical Profession Act to allow foundations to practise medicine. This is going back to 1995. This bill seems to be sort of a trend in that direction, and I wonder if the hon. Minister of Labour and the hon. Minister of Health had some talks before this Bill 37 was tabled, because I'm quite sure their idea of this and their idea of where the doctors should go are the same.

3:50

Now, there's much we can talk about with this bill, but with the current public confidence as low as it is, Madam Speaker, I cannot see how this bill is going to assure my constituents that this government is going in the right direction to protect them from the private, for-profit health care menace. They see this as a menace. Many of my constituents are senior citizens, but they are very proud of what has happened in the last 33 years since 1965. They don't see the spending of public money on health care as the reason for our deficit crisis. I can go back on the doorstep, from one house to the next, and hear this failure of our industrial strategies.

Economic diversification is a concept, Madam Speaker, that I think is very worthy. It's a very, very worthy idea. Whenever petroleum and natural gas reserves are low in this province, I

hope to think that in the future we will have an economically diversified economy. The habits that this government got into with their schemes remind me of the old Soviet regimes and their five-year plans: we're going to build this many tanks, we're going to build this many ships, and we're going to build this many submarines regardless of the cost. There was no accountability.

This government did the same with magnesium plants, with upgraders, with environmental plants to burn off industrial waste, the telecommunications industry, the steel industry in the east end of this city. I can go on and on and on. That industrial strategy that failed and cost us billions and billions of dollars is now causing my constituents anxiety because the same government in some sort of cost-efficiency frenzy, which they don't even understand themselves, wants to allow a two-tiered system of health care. They see this as the market forces controlling our costs. That, Madam Speaker, is just not true. That is just not true.

As I said before, our administration costs of health care delivery in this province and in this country are remarkable. They're remarkable whenever you compare them to the G-7 and particularly whenever you compare them to our American neighbours.

Now, it's unfortunate that my time is up, Madam Speaker, because I have a lot to say on health care and the health care administration that's going to be going on in this province. I cede the floor to one of my colleagues. Thank you.

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

MR. WHITE: Thank you, Madam Speaker. This bill, as important as it is, doesn't seem to live up to its billing. When you have a health statutes amendment act in this day and age, you expect it to do a lot of things. You expect it to have some meat. You expect it to be able to say: this is a bill that will solve a lot of the structural problems that we're seeing in the deliverance of health care in this province. The fact is it just does not live up to the billing. In fact what it does is kind of fuzzies that issue again. It doesn't clarify the issue as to how important socialized medicine is to the province of Alberta. What it does is it obfuscates. It skates around it. It makes a bit of mockery of it in fact when it says that it's an approval process for some out-of-scope hospitals when in fact they're in scope. This is beating around the edges of the Canada Health Act. This really doesn't do what it should be doing, and as my hon. colleague has just mentioned, it does a lot of the things that we simply don't need. I think what it does is it takes socialized medicine and privatizes it.

Now, we can argue the point over and over and over again whether in fact one system or another system works, but the facts are that they both can't operate together, at least not government supported. We already have a private health care system in this province that operates outside the Canada Health Act totally and completely. It's user pay – it's called dentistry – and it works to an extent. Personally I'm not too sure it works as well as it might, but then we do have some hedges in that the health care of teeth now, the whole mandible region, is not as big a problem as it was at one time. We now fluoridate. We're a little more conscious of health care as it relates to oral health care in any event.

If you want to carry on the debate, then carry on the debate, but don't chip away at the edges. Don't try to eat away at the system. Don't use some kind of philosophical statement that market competition always is right. It just can't be done, and in this case, I think we'll have an agreement pretty well across Canada. By and large, the majority of Canadians that review the system, this system versus our neighbour's system, say that our system is much better.

But that doesn't mean that you shouldn't argue the point and you shouldn't talk about it and that in a forum such as this we shouldn't decide that there's some study necessary, but do that. Argue those points. Lay them out. Make the points. I'm willing to listen. I don't have the wherewithal to do all the research, so I have to use anecdotal information that's provided to me in the newspapers and the papers that are written for it and the like. But if that were the case and this bill said that, then I could say: yes, there's some reason to debate this bill. But as it is, all this is really doing is designing part of a highway, that highway that leads absolutely and unequivocally in one direction, and that's to two levels, say two tiers, because it may in fact operate well. I don't know. You don't have the debate here at all, and I would like to see that debate.

Surely there are a great deal of services that are provided on a competitive basis around the system, the labs and the specialized clinics and the like, and I can see that, yes, that seems to have a place in this system, although we already have a system designed to handle those. We don't need another one and certainly don't need facilities that are by any other name hospitals. They in fact are designed as hospitals. They're for overnight stays, and they're not just in-and-out clinics.

This is going to the heart of the Canada Health Act, and quite frankly, I don't understand where we're going with this. If the government wanted to make a clear commitment to the act, then this government certainly would not have brought in a bill like the Gimbel bill a number of years ago, which was a private bill, not a private member's bill. It was a private bill. This was a foundation that was designed to make absolutely no money, but it had associated with it a corporation that actually did make money. Well, this doesn't sound to me to be the way one supports public health care in the province of Alberta.

4:00

Then we have this saga that seems to never end on Hotel de Health. Three or four different locations in the province of Alberta they tried to set up, and the people, the local folks that were being served by those regions, finally had their say on each and every one of those. But did this government get the message? Not likely. This government, while insisting that it stand back in this insular position, was saying: well, the RHAs, the regional health authorities, are handling this; they're doing the reviews. They were the ones that were going to make these judgments. In fact, it's a philosophical statement, and it wasn't that difficult for the minister of the day to say: no, I'm sorry; that's just not going to occur.

Look across Canada. Was this kind of thing occurring other places? Was it occurring in Saskatchewan? Not likely. The first thing Hotel de Health would do, instead of spending a lot of money, was go to the government and say: is this possible? They'd get an idea that they would get the fast shuffle in Saskatchewan. They'd get the fast shuffle in Manitoba, a Tory government. They didn't get anywhere, because those people in those provinces, those governments, were committed to socialized medicine. I know it hurts to say that, but that in fact is what it is, and thus far it has worked. It's not perfect. We'll agree with that. We understand that.

Now, if you want to have that discussion, then philosophically

you do have that discussion. We analyze it, and this is the place to do it. A previous speaker mentioned that this was privatization creep. Well, it's by increments heading in which direction? I mean, you don't have to be in the health care economy business to understand the direction of this bill nor of a number of other bills for that matter. The only place in Canada that could develop the foothold that private hospitals have anywhere in Canada is right here. Yes, there are some specialized clinics outside the system, totally and completely outside the system in central Canada, that have never, ever made the pretense of taking any kind of public dollars. Ever. That's private enterprise, I guess, and that's the way it can and does operate, and I quite frankly don't have any difficulty with that. But to blur the lines in the name of clarification is worse than folly. It's misleading, and quite frankly it's dishonest to the people of the province of Alberta. It may pander to some special interests that say that the right-wing way is always right, that that's absolutely the way it has to be done, that you have to have competition every single step of the way.

Well, tell me: where is the competition when you have managed health care? In the American system, say, the alternate system – we'll just use the American system by way of example, which this is obviously heading towards – what happens there? You have an ailment. You go to a doc, and the doc says these are the four treatments. Then you go to the manager, your insurer, and the insurer decides. The insurer is making a judgment based on cash and outcome hopefully. What kind of health care system is that? Now, that's assuming that you have coverage. That's the managed system.

Now, I don't know. When one goes ultimately to the rightist approach that says that competition actually solves all ills, they say then: when the good or service is transferred, there has to be the balancing and the competition. The competitive element is that the person that is receiving that good or service makes a judgment: is the value there for the amount of, in this case, money I am transferring for this service? That doesn't happen in the Canadian system. We understand that. But you also don't see that in the American system. Where is the primary recipient of the service or the good? Not in the equation at all, because the managed health care and the unit supplying that good or service are the ones that are talking about the money. The first party, the one that is receiving it, is out of it entirely. Well, that does not lead to that kind of judgment, because the insurer and the insured don't at that point, when they're looking for some service, have a communication over what the value of their premium is. That's simply not in the equation. So how you can say this moves in the right direction is beyond me.

Now, I may be missing something here, and I'm sure I am, because health economy is certainly not an area that I would claim a great deal of expertise in, and not having had the misfortune to rely on a lot of the facilities in the province of Alberta in order to protect myself and my family in the way of health, I can't say that I know a lot about it either. But what I am confident about is that today I can get service. About tomorrow I'm not so confident. And this kind of bill does everything possible to undermine that confidence.

The people that I represent – recognize that I represent an area where the average home was built in the early '50s. It's either a 1,050 square foot bungalow with a semideveloped basement, or it's a 1,240 square foot bungalow, very few that don't have stucco and very few that have a second floor. A lot of the people that live there now were the original builders. These people are older people, and if you ever want to strike fear into the heart of an older person, you say to them that there's a little bit of uncertainty about how health care is going to be delivered in the province of Alberta hereinafter. You tell them about strikes and why there are strikes in health care. You tell them about – they don't have to be told about it; they go to a health facility and find that there are lineups everywhere. "What happens to me as I get older?" These people are painfully aware that they are getting older and painfully aware that they're going to be relying on that health service more and more and more. These are the kinds of people I represent, and this bill does absolutely everything it possibly can to give them uncertainty. It's changing the rules. It's not saying: yes, we'll protect the system as it is.

Ask an older person, particularly those that I know and represent – it may be anecdotal – "What's the single most important thing in your life at this stage?" Nine times out of 10 it'll be health. The 10th one? It'll be their grandchildren of course. They're worried about their own health and their grandchildren's health. "What kind of life can the grandchildren have? We built and we thought we were building, from the 1960s and the days of the CCF and Tommy Douglas – look; it wasn't popular at the time, and yes, he had to find a seam to get into in order to get the national health care system in because of a minority government, and yes, it embarrassed a lot of people into it, the corporations of Canada, but it worked."

Now that we have it – and we all profess to say that it's a good system – we're putting our citizens, at least in their minds, at risk, and I quite frankly don't understand why. I mean, there isn't any strong philosophical statement saying that this is the reason we're heading here, that these are the economics that dictate that certainly the deliverance of health care is going to be better, and that it's going to serve our citizens better. I don't hear that. I don't see anywhere in this bill that says that. What I do see is that it defines fairly precisely how you make application to become, for all intents and purposes, a hospital.

Now, it gives the approval process and the application and all of the documentation. Approved treatment facility: that's the term I was looking for. Now, I don't know why one would go out of one's way to define an alternate health care system unless he intended to have it grow and foster. I'm at a loss to understand that, and I wish someone, anyone from the other side could explain that to me and through me to those that I represent.

4:10

Now, the last area that I'd like to talk about is this government's propensity to confuse the role of the College of Physicians and Surgeons on a regular basis, to get that line fuzzy as to who actually approves and who doesn't approve. You'll remember the saga of HRG, the Health Resource Group of Calgary, and where they had to go to make application. The government says, "Well, you know, gee whiz, it's not up to us," although they clearly have given someone to understand that there is an opening here. There's a possibility of it, because the government certainly didn't say: no, you cannot use some of our existing facilities. That wasn't said.

They were sooner or later encouraged, up to the point where they had acquired or made arrangements, to acquire a portion of an existing facility, were moving ahead to renovate it and were looking to the local health authority, in this case the Calgary regional health authority, to make application for use. They were told: "Oh, no, no, no. We don't have anything to do with that. You have to deal with the College of Physicians and Surgeons." The college, after some consideration, said: "Well, wait a minute.

All we can do is say whether doctors can or cannot work there, and when they're qualified under our rules, it can be done." So they did all they could, after a certain amount of discussion, and put it back in the hands of someone, whether it was the RHA or whether it was the government. It was clear that that's where it rested originally.

Now, I don't see anything in that kind of discussion that aids and abets the decision of my people, the people that I represent in this Legislature, and how their health care system is going to be protected. I mean, it's just one more series of stories in a newspaper that gives them cause for concern, gives them mental heartburn, if you will, about their future. I don't see why anyone would want to waste any further time on the debate of this bill when it certainly doesn't deserve the time in this Legislature that it has even been given thus far.

Thank you kindly for your time, Madam Speaker.

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

DR. PANNU: Thank you, Madam Speaker. The bill before us, Bill 37, Health Statutes Amendment Act, 1998, is one of the most important bills that has come before this House with respect to its implications for the public health care system that we have. I represent a constituency which, of course, has on its border one of the major hospitals in the province. I also have other health facilities in my constituency and a large number of seniors who live in my constituency. There are several seniors' lodges, seniors' residences, and whatnot, and I have the opportunity and the privilege of representing residents of these facilities.

I know that for over the year that I've been in the business, one of the major concerns that I hear from my constituents, including seniors, has to do with the future of our publicly funded health care system and particularly the growing problems and the near crisis situation that one finds our public hospitals in as a result of the policies of this government with respect to funding, with respect to restructuring and reorganizing these facilities.

This bill certainly seems to be a response on the part of this government to the great deal of time that has been spent in this House expressing the concerns of the citizens of this province with respect to the future of public health care. The concerns which have been expressed here are similar to the concerns that my constituents inform me of at every possible opportunity that they get to speak to me or communicate with me on matters of health care.

This bill, as I said, obviously is a response to those concerns, but if this is the response to those concerns, I am afraid my reading of the bill at the moment suggests that my constituents would be justified in getting even more concerned about the availability and the ability of hospitals to serve their needs, which of course inevitably grow with age. But it's not only the seniors and the aging population that's concerned about the facilities. Health is a matter that is a concern to all of us regardless of age or regardless of status and ability to pay.

The bill obviously is an attempt to amend several existing statutes. The Hospitals Act is amended by it. The Alberta Health Care Insurance Act is sought to be amended as is the Medical Profession Act. Through all that is proposed in this bill, it would seem to me to be something that should cause us all concern. Up to this point in this province there's no legal way to open a private hospital in Alberta. If this bill is passed as proposed, this will legalize the opening of private hospitals in this province. Private hospitals can turn to the Minister of Health for approval, and the bill does this through the creation of a new category of facility called approved treatment facilities, just another fancy name, I submit, for a hospital. The bill before us, again, gives the minister so much power with respect to his or her ability to approve these so-called approved treatment facilities without consultation with anybody. It's really frightening the amount of power that it places with the minister, in the hands of the minister.

Given that this government's declared public policy, the public set of principles within which it develops public policies, is the twin principles of deregulation and privatization – and I would like to see either the Minister of Health or any other minister stand up and say that's not the case – if those are the guiding principles, if that's the credo by which this government is willingly led, then clearly I cannot feel comfortable putting the powers to approve the growth of private hospitals in this province in the hands of a government that is happily committed to privatizing anything that it can on the premise, of course, that privatization saves us money.

Talking about the consultation process, in its December 1997 decision the council of the College of Physicians and Surgeons clearly recognized that allowing private hospitals will have significant long-term consequences to public health care. That's why the council called for extensive public consultation prior to allowing private companies to provide inpatient services and overnight stays. There was no public consultation or even consultation with Health Canada prior to introducing Bill 37 into the Alberta Legislature, unless I'm entirely misinformed on this. Certainly my constituents don't seem to have been informed. I haven't heard from them that they were consulted on this.

4:20

Similarly, this bill obviously is based on the premise that there'll be a demand for the so-called approved treatment facilities. Madam Speaker, it's clear that the demand is very much related to the scarcity of available facilities now in our existing health care system. If the lineups at the emergency hospitals, if the waiting lists for surgeries and for critical and crucial medical tests that are required before surgery can be undertaken continue to grow, if they remain in place, there's no doubt that there'll be demand for the increase of such facilities.

Now, if these facilities cannot be created or will not be created by this government within the public health care system, necessarily there'll be those people who are willing and able to spend money and will seek the growth of these facilities in the private, for-profit sector in order for them to have addressed ailments, problems that are life threatening. No doubt about this.

So the demand for care in private hospitals will only be created if there are long waiting lists in public hospitals, and a physician such as Dr. Steve Miller, who is the head of orthopedic surgery at Foothills hospital and at the same time the chief medical officer for HRG, has an incentive, I would think, to ensure that there are long waiting lists at Foothills in order to create demand for surgery at HRG.

Going back to the consultation process and so forth, in his January 1998 news release the minister said that he would set up a committee to advise him on which private facilities providing inpatient services should be approved. There's not a mention – not a mention – in this bill with respect to having a statutory provision for an advisory committee to be set up. So the minister, obviously, would decide on his own, all by himself, not required by statute, whether or not he wants to consult and with whom he

wants to consult before he allows the approval of a private hospital.

Other ramifications of this bill, of course, have to do with the creation of a new bureaucracy that'll be needed to approve and monitor private hospitals. Taxpayer dollars will be spent on overseeing private, for-profit hospitals, and I don't see any logic in this. It simply contradicts even this government's own policies that it wants to save money on unnecessary bureaucratic arrangements, but I guess when it comes to private interests, perhaps it doesn't really see things in that way.

Proliferation of private hospitals is therefore a very likely consequence if this bill is approved by this House. Once you allow one private hospital like HRG, you will have no choice but to allow many more. As a result of the NAFTA now and, I fear, if the government of Canada with the acquiescence of the provincial government decides to sign on the MAI document and treaty, multilateral agreement on investment, then we will have to allow the likes of Columbia/HCA or some other huge American or even Canadian corporations – I don't care whether they are American or outside so long as they are there for making profit in health care – to move into Alberta. Once they move into Alberta, they'll be able to move into other provinces. I suppose this present government could take pride in its achievement here. If it allows the expansion of the private health care system here, then it could say that we have again broken a new path, and the rest of the country can follow us along.

Madam Speaker, Bill 27 creates two sets of rules: one for public hospitals and an easier one for private, for-profit hospitals. All public hospitals, including religious, nonprofit ones, are under the control of regional health authorities. Private hospitals, called approved treatment facilities in Bill 37, will be allowed to contract with RHAs and collect taxpayer dollars but keep complete autonomy. These private, for-profit hospitals will be allowed to play both sides of the medical street, exactly what HRG says it intends to do, has been seeking to do.

Madam Speaker, private facilities, which are there in order to make profit, are driven by the desire to expand markets in which they can sell their goods. So private health care facilities like the ones that will be approved by this minister or another Minister of Health will have an incentive to expand and grow the market and thereby increase their opportunity to make profit but at the same time to add to the total cost of health care in this province. It's no accident that the physicians receiving the most money from Alberta health care are the specialists such as radiologists, ophthalmologists, and pathologists who run their own private clinics. The more private facilities that are allowed, the harder it will be for government to control health care costs.

With respect to patient preference and choice, we know from public opinion polls done in the U.S. that U.S. citizens consistently show their preference for treatment at public community hospitals rather than at private, for-profit hospitals. Yet the aggressive acquisition strategies of firms like Columbia/HCA continue to result in a rapid expansion of their market share at the expense of public hospitals. In other words, regardless of the preferences of those who are to use these facilities, the privatization juggernaut continues to move along without the ability of government or public interest organizations to stop it once the process is set in motion.

Madam Speaker, the last point that concerns me about this bill is the fact that it ignores what we already know about the administrative costs of privately administered health facilities. The administrative costs of the privately administered U.S. health care system are more than double those of the Canadian system. Within the U.S. system private hospitals have significantly higher administrative costs than public hospitals.

To conclude, Madam Speaker, I wonder if the minister will take time to address my serious concerns and reservations and also through his address try to satisfy the serious concerns that my constituents have about the prospects of the growth of the private, for-profit sector in our health care system. Many of my constituents are of relatively modest means. Particularly seniors are living on limited incomes, and they are very concerned about whether or not they'll be able to access the absolutely necessary medical services that they will need if the system continues to be eroded and encroached upon in the manner in which this bill would seem to encourage it to continue to happen.

So with those remarks, Madam Speaker, I close my remarks, and I look forward to the minister's response. Thank you.

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

4:30

DR. MASSEY: Thank you, Madam Speaker. I'm pleased to add my comments to Bill 37. The object of the bill I think the minister laid out very clearly in his remarks in *Hansard* of April 2, and that is that the legislation gives the Minister of Health the authority to prohibit the establishment of a private health facility or to control such a facility once established. Secondly, it puts in place an additional safeguard in protecting the public health system from the potential negative impact of private health care operations. I think those are goals that most Albertans would support as being laudable and goals that we desire in terms of protecting the public health care system.

But the legislation as presented raises some questions as to: is that really what the legislation supports? Are those the goals that we find embedded in this bill? Obviously, from the kinds of remarks that my colleagues have made, there is some question as to whether that is actually the case. I think that if you look at the bill, there are a number of principles that you can identify. Among the most important is a principle that has been debated rather hotly across the country and in this province, and that's the principle that there should be greater private-sector involvement in the health care system.

This argument has gone back and forth, with the proponents of greater private-sector involvement making arguments such as that a private health care system offers greater convenience, that a private health care system offers greater flexibility and more personal care for patients, that a private health care system can reduce the waiting lists for the public system, and that a private health care system would provide innovation and research in a way that the public system couldn't. They see as one of the great strengths, of course, that all of this patient service, all of this research would be financed not out of taxpayers' pockets but financed from private funds.

[The Speaker in the chair]

Those arguments are growing stronger, I think, and becoming more attractive to Albertans as they see the public health care system in distress. Every time there's a red alert, every time there's another health crisis, then people of means find the alternative of a private system more attractive to them. Those arguments have long been countered by arguments that oppose the creation of private health care. They argue that with its facility

fees, with the kind of extra billing that goes on, we would very quickly create a two-tier system, where those with means, the wealthy, would have quick access to quality medical care by the most highly paid physicians, and that there would be a lessening of support for the public health care system by those people that are accessing the private system, that the public system would be quickly abandoned by the wealthy. The less healthy and the less wealthy, of course, would be left to the public system and would receive a lesser service. So the arguments against private health care in many ways are similar to those that are waged against private education.

Those arguments, pro and con, seem to be at the root of some of the objections to Bill 37 by those members of the House arguing that this bill moves us more towards a private system, while the minister, for his part, sees it as being protection for the public system in allowing control over facilities that the minister doesn't currently have the ability to control. Again, if you look at the elements in the bill, it would seem that the fears that this does make possible a private system are the ones that are going to carry the day.

I think a second principle that underlies this is that the minister can approve such a facility with very limited or no public consultation, and really that principle of accountability is an extremely important one. It's plagued us since the changes that have been undertaken since 1993 in the House, not just in health care but in education and in social services, and that is the whole question of how public policy is set. The government has tried a variety of forums for setting public policy. They started with roundtables. They moved to task forces. They've had a variety of summits. But there has been no satisfactory system of consulting Albertans on public policy.

I know that they do extensive polling, for what that's worth, in trying to answer important questions in public policy. But going back to this whole business of accountability and how the government is accountable to the broader population, other than that accountability at election time I don't think we have come up with a satisfactory answer. The roundtables on health care I think were particularly distressing to many of us that attended because of the way that the decision-making at those roundtables was handled and the real lack of any power on the part of the population to have input into what's happening in the health care system. So the whole principle of accountability and the public input on decisions such as the ones that the minister would make under Bill 37 I think remain a concern.

A third principle is that the monitoring of the approved facilities would be discretionary. I think, if I've read the bill correctly, that raises a number of concerns. There is not set in place a systematic monitoring should any facilities such as these be established or sanctioned by the minister, and there would not be under this legislation a systematic and regular monitoring of those facilities.

A fourth principle – and this is one that the minister has indicated and I think rightfully so is an important principle – is that there should be government approval of private facilities and not just accreditation from the College of Physicians and Surgeons. I think most of us would strongly support that principle, that through elected representatives and the government there has to be government approval of these facilities. The government has to be in control. I think the minister makes a strong argument when he says that that's not possible now, and it's something that the minister has to have responsibility for. So I think that's an important principle. It's one that the minister says is embedded in the bill. I only wish that it were stronger and that the rest of the bill seemed to operate in sympathy with that particular principle.

It goes back, I think, in terms of accountability to the government's responsibility under the five principles of the Canada Health Act. That control should exist there. If you go back to the Canada Health Act, the public administration, the act requires that provincial hospitals and medical plans be administered on a public, nonprofit basis. That's been the reason why private insurance plans are prevented from providing coverage for medically necessary hospital and physician services and a two-tiered system hasn't been possible up till now. So that's an important principle: that the government should approve and accredit any private facilities in terms of public control and public administration.

Another principle that seems to be supported by Bill 37 is that contracts with regional authorities will ensure that standards and control of private facilities will be established and that that will be done publicly through those regional health authorities. I'm not quite sure; I think we have enough experience in this area that that's probably the case. We're fairly confident that the kinds of contracting out, the kinds of private clinics and facilities that regional health authorities engage to carry out public health tasks have been sound and have been conducted responsibly and are in the service of the public health system. So the contracts and the fact that they have to be made with the regional health authority, I think, give us the kind of local control and the kind of devolution of authority that this kind of facility probably requires.

So I think that if you look at those underlying five principles that seem to shape the bill and the legislation, Mr. Speaker, at least three of them should give us some pause to reflect on what is being proposed here and, again, maybe ask us to take a second look and for us to be more vigilant and careful as we enter the committee stage and start looking at the particular sections of this piece of legislation.

I'd conclude with those comments. Thanks, Mr. Speaker.

4:40

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

MR. GIBBONS: Thank you, Mr. Speaker. I'm pleased to stand here to speak to Bill 37, the Health Statutes Amendment Act, and to speak to the principles. I'd like to talk on this due to the fact that every day in my constituency this is one of the biggest items we have to deal with. The people in my constituency are concerned with this, and I'd be very remiss if I did not stand and talk about it.

Starting with what I see in this, this allows the minister to approve private, for-profit facilities that can contract with health authorities to provide publicly insured services. We do know that there have been private health systems in Alberta in the past. Private health care is offered in different areas: psychiatry, medical laboratories, radiology clinics, and magnetic resonance imaging. But because of different things that were happening in our province over the last little while, increasing attention has been drawn to the issues of private health care proposals put forth by Hotel de Health and HRG to offer services in direct competition with the public system.

Is Hotel de Health another way that we're looking at possibly opening up more beds in our hospitals through the fact that entrepreneurs can look at the fact there are beds and there is a facility left empty because of the restructuring over the last few years? Health Resource Group, HRG, is a profit company that

has renovated part of the Calgary Grace hospital. The province has never entered into an agreement with HRG, but it maintains HRG is able to charge patients for medical services. To date HRG has not been accredited by the College of Physicians and Surgeons to provide overnight care, but all of a sudden we started hearing that things like that are happening over this spring session.

We know that the College of Physicians and Surgeons will remain out of this whole issue and debate it in the larger issue down the line. But are they actually starting to do that by what we were witnessing over the last week and a half and what we're reading as early as this morning about opting out? United Nurses are openly opposed to this legislation, and this is where we have to really recognize the fact: who is for it? Is the government playing in the other system, which they did over the last few years, playing tough love in their restructuring? What I mean by that is we all bought into the fact that our health system had gone to a point where something had to be taken control of. But at the same time, where do we actually start with this? We look at the question: am I for this? The answer will come after hearing from the minister over the next few days and whether or not he'll answer some of the questions in Committee of the Whole.

We welcome the opportunity this legislation has provided to finally open the debate on the issues as the Tory government has denied their role in opening the door to a two-tier system in Alberta. Open for business seems to be the sign that's up in the skies telling everybody to come to Alberta. Are we going to start warehousing certain factors of our social services as well as health? Health is already headed into the two-tier health system program.

Private health care threatens the values upon which the Canadian public health system is based. A dual system of public and private health systems eventually leads to the wealthiest health care system consumers, leaving the public system to whatever, creating a two-tier system where those who can afford the health system will receive the best possible care they can pay for and those without the financial resources end up with what's left in the public system. The public system, from what I can see, will be the lowest system there is, and it will be lacking resources. An example: a private health care system with its facilities fees, extra billing, and quick services will create a two-tier system where the wealthiest can only be the ones that can access that.

It is ironic that the government would introduce bills 21 and 37 on the same day. Bill 37 paves the way for a private health service within the publicly funded health system, whereas Bill 21 seems to be legislating doctors to remain in the public system. The government is admitting that the future of the publicly funded health care system seems to be quite bleak, a future where public health care is underfunded and exhausted, ghettoized with the poorest and the sickest of Albertans, while a private health care system easily lures doctors into its attractive lair.

One of the items that jumps out at me when going through this particular bill, Mr. Speaker, is this 67.5, withdrawing approval. The minister reserves the right to cancel approval if the college advises that the facility is no longer accredited, if the facility breaks one of the rules laid out in the regulations or act, or if the minister believes that circumstances have changed that would justify canceling the approval. I cannot imagine that this will be liked by the potential facility operators. For myself, I suppose it's irrelevant in the larger picture.

We look back at the fact that when the plan was to restructure and to take hold of our future in the health system, we looked at thousands of employees being laid off. But now that we've got to a point where hopefully this government is looking at a plan, we're still trying to throw in millions of dollars after millions of dollars to plug the dike. To me, there has not been a vision of what that plan is, of where the government feels that the health system will be even at the end of this year, let alone what will happen in 2001 or into the next millennium.

It wasn't reflected in last year's election how many Albertans have really felt, but I really believe that as we proceed along this course of not setting out a vision or a plan in the health system, people are really starting to recognize it, because most families in Alberta have been affected by this. This total bill amends the Alberta Health Care Insurance Act, the Hospitals Act, and the Medical Profession Act. We hope and I hope that I can tell my constituents that there was a lot of thought brought out in this, but to date, by reading the bill, I'm waiting for Committee of the Whole to see where the minister is actually going and how he's going to answer some of the questions that we've put forward.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Minister of Health has moved second reading of Bill 37, the Health Statutes Amendment Act, 1998. Does the Assembly agree to the motion for second reading?

SOME HON. MEMBERS: Agreed.

THE SPEAKER: Opposed?

SOME HON. MEMBERS: No.

[Several members rose calling for a division. The division bell was rung at 4:50 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Speaker in the chair]

For the motion:

Black	Haley	McFarland
Boutilier	Hancock	Melchin
Broda	Herard	Oberg
Cao	Jacques	Paszkowski
Cardinal	Johnson	Renner
Clegg	Jonson	Severtson
Coutts	Klapstein	Shariff
Day	Kryczka	Smith
Ducharme	Laing	Stevens
Evans	Langevin	Tannas
Fischer	Lougheed	Thurber
Forsyth	Magnus	Woloshyn
Friedel	Mar	Yankowsky
Fritz	Marz	

Against the motion:

Barrett	Gibbons	Pannu
Bonner	MacDonald	Sapers
Carlson	Massey	White
Dickson	Olsen	Zwozdesky

Totals:	For – 41	Against – 12

[Motion carried; Bill 37 read a second time]

Bill 38
Public Health Amendment Act, 1998

THE SPEAKER: The hon. Minister of Health.

MR. JONSON: Thank you, Mr. Speaker. I'm pleased to move second reading of Bill 38, the Public Health Amendment Act, 1998.

Mr. Speaker, the overall intent of this legislation is to improve the delivery of health services to Albertans by strengthening the way public health is administered in Alberta. Therefore, this legislation is in keeping with the first goal of this government's business plan, ensuring that Albertans will be healthy.

The bill has two parts to it. The first is to revise and focus the mandate of the Public Health Advisory and Appeal Board. A second is to provide the Minister of Health with the authority to appoint a chief medical officer of health and a deputy chief medical officer of health to oversee a number of public health matters on behalf of Albertans.

First of all, Mr. Speaker, I'd like to talk about the changes to the Public Health Advisory and Appeal Board. In the fall of 1997 a review of the board found that it had served almost exclusively as an appeal body and had been used very little in its advisory capacity. Although other bodies are able to act in an advisory capacity in the field of public health, the review found that the appeal function of the Public Health Advisory and Appeal Board is critical and must be maintained. The board provides Albertans with a low-cost opportunity to deal with grievances against decisions of regional health authorities in the sphere of public health. The board not only adjudicates disputes but also plays the important role of bringing a provincial health perspective to those issues.

Mr. Speaker, the proposed changes to the legislation will enable the board to continue its ongoing commitment to public health concerns, which it has clearly demonstrated in the past. Therefore the review recommended that the mandate of the Public Health Advisory and Appeal Board be changed to reflect its almost exclusive role as an appeal body. As a result of these recommendations, the bill provides for the board to continue, renamed as the public health appeal board, and for the membership of the board to be reduced accordingly from up to 11 members to five members. The bill also provides for the board to continue after January 1, 1999.

The remainder of the bill enhances the ability of government and the regional health authorities to monitor communicable diseases and protect the health of Albertans. Mr. Speaker, it does so by establishing the offices of chief medical officer of health and deputy chief medical officer of health, who are responsible for monitoring the health of Albertans and administering the Public Health Act on behalf of the Minister of Health.

Mr. Speaker, the bill also deals with the responsibilities of the regional medical officers of health. The chief and deputy chief medical officers of health are responsible for making recommendations to the Minister of Health and regional health authorities regarding public health and acting as a liaison between government, regional health authorities, and medical officers of health in the administration of the Public Health Act. The deputy and chief medical officers of health are also responsible for giving directions to the regions, to medical officers of health, and to executive officers in the exercise of their duties under the Public Health Act.

Mr. Speaker, the bill provides that the chief medical officer of health will be given authority on behalf of the Minister of Health to take action if a medical officer of health or an executive officer within a regional health authority is not exercising his or her responsibilities under the Public Health Act. This will enable the province to monitor public health issues more effectively and take action as necessary, thereby ensuring the protection of the health of Albertans.

Mr. Speaker, I think it's important to note that it is not anticipated that this authority will be exercised often, if at all, but because the Minister of Health is ultimately responsible for public health, it is important that the minister's agent have the authority to act when absolutely necessary to protect the health of the public.

Mr. Speaker, in the rare instance that this provision is used, the chief medical officer of health will be required to justify his or her action in writing to the regional medical officer of health, the regional health authority, and the Minister of Health. The chief medical officer of health will also be authorized to declare certain diseases under surveillance, in effect making the condition temporarily notifiable for the period of time necessary to determine its impact on the health of Albertans and the need for future action. This will allow for a more streamlined and effective method of collecting information on new diseases such as the hantavirus or the flesh-eating disease to enable the chief medical officer to determine how best to proceed in the interests of public health. In fact the bill provides for giving clear authority to all medical officers of health to obtain information regarding any potential threat to the health of the public.

The bill also includes provisions for a medical officer of health to take whatever steps are necessary to control a communicable disease, and this will be moved from communicable diseases regulation to the Public Health Amendment Act to give these provisions more force and to remove any uncertainty about the responsibility of a medical officer of health in this area. Mr. Speaker, this will ensure that in the event that a public health advisory is issued, there will be no question regarding a medical officer of health's authority to investigate and take action as necessary.

Mr. Speaker, I think it's also important to note that the bill provides for enhanced confidentiality regarding Albertans' health records. The bill requires that confidentiality be maintained for all information acquired under provisions of the act by regional health authorities, medical officers of health, and other staff of the region.

5:10

Mr. Speaker, the goal of this legislation, as I've indicated, is to enhance our ability to protect public health, one of the key goals of this government. Therefore, I recommend this bill to the Assembly for approval.

I would like to move adjournment of debate.

THE SPEAKER: On the motion to adjourn the debate, all members who are in favour, please say aye.

HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no. The motion is carried.

[The Assembly adjourned at 5:12 p.m.]