Legislative Assembly of Alberta

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head: **Government Bills and Orders**
head: **Committee of the Whole**

[Mr. Shariff in the chair]

THE ACTING CHAIRMAN: We will call the committee to order.

Bill 37
Health Statutes Amendment Act, 1998

THE ACTING CHAIRMAN: We were debating an amendment to Bill 37, amendment A1, and the hon. Member for Calgary-Buffalo had adjourned. He has the floor to continue.

MR. DICKSON: Thank you very much, Mr. Chairman. We were dealing with the two amendments put forward collectively as A1, and I think that what I'd been indicating when I was speaking to this was the concern particularly with part A. That purports to be an amendment to the Health Statutes Amendment Act, 1998, which is amending the Health Care Insurance Act, but when we look at the Alberta Health Care Insurance Act, the section that would be changed, the new section 5.01(1)(c), what we find is that in fact what this amendment does is nothing positive, nothing that's going to hearten advocates of public health care and everything to accentuate the sense of alarm they have with other elements of Bill 37. What happens is that by qualifying it to say doctors "enrolled in the Plan," it in fact makes the exception to public control even broader.

You know, the minister said earlier in introducing the two amendments -- and you'll recall, Mr. Chairman, that I asked whether he'd split the amendments so that we could debate and vote on them separately, and the minister's response was that they had gone to a great deal of work in terms of putting these amendments together. Now, this is a member of the cabinet that has given us the bill that would have suspended the constitutional rights of sterilization victims. We didn't see any adequate scrutiny before that bill was brought forward to the Assembly. We saw I think it was Bill 25, the Justice Statutes Amendment Act, 1998, that resulted in a huge number of amendments. So when this minister says that they've done a whole lot of work around this to resolve the problem, he will understand why this member and perhaps many other members and members of the public, Albertans, don't share his sense of confidence that people in Alberta Health have covered all elements of the issue, all aspects of the problem.

When we go back and then look a little more closely at part B of the amendment, what we see there is that this is problematic as well. On my first look at it, I thought that maybe there was something positive here, but as I look a little more closely, what we see is that it narrows the scope of operations admittedly. The problem is that it refers to "a medical service," the medical service as described in the regulations under the new proposed section 67.9. So what happens is that even when those people concerned with a strong robust public health system think that they find some comfort, they maybe even think that they've found an ally in the current Minister of Health, what we then do, when we look at it a little more closely, we see that simply by regulation, regulation passed in secret, regulation passed without public consultation, without going to seniors' groups and public health advocates, without going to the opposition, regulations that then start to take different medical services out from under the modest protection that would result from Bill 37 -- Mr. Chairman, that's a very significant concern. Frankly I don't know why after all of this work and energy that the Minister of Health says his officials put into trying to allay some of the concern, his department could not have done a better job in terms of being able to make a much more pervasive kind of provision, a provision that has far more coverage than the one that's currently in front of us.

Now, the other concern I had, while we're looking at these amendments, is that the minister has indicated that somehow we've fenced this thing in with the amendments he's put forward. The suggestion is that the only people now who are not going to be covered and the only people who can go to a private hospital for services are a few wealthy Albertans who would go to the Mayo Clinic in Rochester or Arizona if they couldn't do it here. But, you know, the reality is that the SALT group, that's done a great deal of research on this issue, reminded me: let's consider who would be able to access services even under this amendment.

There are 2,200 members of the Royal Canadian Mounted Police in the province of Alberta. Their dependants are not covered, but those 2,200 Mounties and people working for the RCMP would be able to go down to HRG or the next private hospital that's opened, whether it's in the Holy Cross site or somewhere else. There are 6,000 members of the Canadian military in the province of Alberta, most of them in and around the city of Edmonton. I think there are maybe a thousand in Calgary. Those 6,000 people in the Canadian military would be able, because they wouldn't be seeking an insured service, to use a private hospital. Now, if the minister has contrary numbers, I expect him to stand in his place and set me straight and set all members straight.

There are 3,000 members of the reserve in the province of Alberta, and if they're injured while on military exercises, they would be able to use the services of a private hospital. But here's the rub: the number of people covered by workers' compensation in the province of Alberta is 1,048,000.

MR. DUNFORD: But only when they're hurt, Gary. What kind of stuff is this? This is baloney.

MR. DICKSON: The minister of advanced education, once again showing his analytical skills, immediately says: but only when they're injured. Well, Mr. Chairman, did I suggest anything other? I simply said that the pool of injured workers that would be able to access private health . . .

MR. DUNFORD: But you want the people out there to believe that a million Albertans aren't covered. That's what you want them to believe. This is bunk. [interjections]

MR. DICKSON: Mr. Chairman, I'm hopeful that . . . [interjections]

THE ACTING CHAIRMAN: Order please. The hon. member has the floor. Can you please continue?

MR. DICKSON: In fact, it puts me in mind of the letters and faxes I've gotten from Lethbridge residents who have been concerned about Bill 37, who would love to have a chance -- and I'm remiss because I haven't passed on to that MLA, that member the concerns of his constituents. I'll be happy, Mr. Chairman, through you, to make sure that he gets that information. [interjections]

THE ACTING CHAIRMAN: Order please. Calgary-Buffalo has the floor. Please let him proceed.

MR. DICKSON: Mr. Chairman, I understand that Bill 37 has been a difficult issue for members of the government caucus. I'm sympathetic, and I understand that they have been getting E-mails and faxes and phone calls and people going to their offices, and I understand that they may be getting tired of answering questions about it. You know, there's a real simple answer: pull the bill. If you don't want to take the heat for starting the dismantling of our public health care system, then pull the bill.

MRS. SLOAN: It's going to be hotter here than in Monaco.

MR. DICKSON: My friend from Edmonton-Riverview points out that it's going to be much hotter here than it's going to be in Monaco, and I think that if government members want to feel some heat, they need only remain in this August Chamber for the next week, because there'll be plenty of information.

In any event, just to go back before I was engaged by the minister of advanced education, I want to sum up again the range of people who would be able to use that private hospital. It's not that handful of wealthy Albertans whose other option is going to an American private facility. Twenty-two hundred Alberta RCMP, 6,000 Canadian military, 3,000 on reserve in the course of duty, 1,048,000 workers covered by workers' compensation. When those workers or any number of them are injured, they would be able to access this service.

8:10

So what we're talking about is that even with this amendment that the Minister of Health has put in front of us, even with this amendment, we have a qualitatively different health system post Bill 37 than we do pre Bill 37. I think that if there's nothing else this caucus can do -- we're hopelessly outnumbered -- it's to ensure that when every government member votes in favour of this amendment, votes ultimately in favour of the bill, they understand the enormity of what they're doing. They understand that this is not yet another minor, modest, incremental change in the private/public health care system.

The Minister of Health is keen to remind us that we don't have a pure public health care system now, and we take his point. When we now start talking about a private hospital that operates like any other public hospital, surely that's the point when we have to wake up and say: there are some things worth fighting for; there are some things important enough to preserve and protect and nurture. Public health care is one of them. Public hospitals is one of them. I just come back and say that when I look at these amendments, I think of all the machinations of those bright people in Alberta Health, all of those lawyers working at drafting and redrafting and revising amendments. If we spent a fraction of the effort looking at ensuring that we had an adequately resourced, an adequately funded public health care system, you know something, Mr. Chairman? I daresay that demand for a private hospital would, if not evaporate, shrink to the point where it was uneconomic for those operators.

That's my goal. I think that's the goal of every member of the Official Opposition. I won't speak for the third party, but I think there are an awful lot of Albertans who share that view. I can't believe that I'm the only MLA that's hearing from an awful lot of concerned Albertans. I just had a phone call before I came over here from a constituent in Peace River. I heard from some people earlier from Claresholm. This concern isn't focused just in the city of Edmonton, although there have been plenty of Edmontonians that have come out to show their concern with the bill. This is a degree of concern that I think is absolutely pan-Alberta, provincewide.

Now, just in terms of the specific amendments we've got in front of us, the A amendment is a step backwards in terms of weakening the protection that we thought the minister was giving us today. Mr. Chairman, that's the problem. When we get these amendments from the minister, I don't know how long he's worked on them, but there's no explanatory note. I went back over the comments made by the Minister of Health in introducing these amendments, and I can't suggest that he knows more than he's telling us, but I can say this: that he didn't make a case. There was no cogent argument in terms of why we need this privileged sort of position and access for private health care.

Thank you very much, Mr. Chairman.

THE ACTING CHAIRMAN: The Chair would like to recognize the leader of the ND opposition.

MS BARRETT: Thank you, Mr. Chairman. As I speak on this amendment, I'll take the opportunity of circulating a subamendment that I'll be proposing shortly. I won't read it out at the moment; I'll wait until it is circulated. In the meantime I would like to speak on the amendment.

I share some of the concerns reflected by the Member for Calgary-Buffalo, primarily because in the prohibition section it is the government who decides the regulations. Because the House doesn't sit year-round, one cannot always hold the government accountable directly for changes to regulations that it makes. I have been around this place far too long to . . .

AN HON. MEMBER: Yes.

MS BARRETT: Come on. You were just welcoming me back a year ago. Were you being facetious? Or did you get to know me too well, and you're tired of me already?

I've been around this place far too long to believe the government when they say: trust me. Mr. Chairman, I was a researcher for the late Grant Notley when the government started deinsuring health services. I noticed involuntarily -- I can't remember if it was in the Chamber today or in the Premier's availability session -- that he'd made reference to deinsuring. That's part of the problem. When you have insured services under regulation, which is delegated authority, but not under statute, which is accountable authority, full legislative authority, you'd be surprised what governments try to do behind your back. I've seen it happen several times, starting with the Lougheed government. Nothing changed; it continued to happen under the Getty government. I must say that I don't know if it happened while I was away from the Legislature between '93 and '97, but I wouldn't be surprised.

Now, I am supplying a subamendment to the government's amendment because I think my subamendment will fix everything. I think everybody can agree. To date I have not been able to get the government to admit, except for one time in June when the Premier finally agreed with me to reporters that, yes, Bill 37 could also mean the introduction of private, for-profit hospitals. I'll point out that under the terms of NAFTA, the North American free trade agreement, this minister need only approve one, and then the field is wide open. Any competitor from throughout the United States, Mexico, Canada, can without approval come in and set up shop in competition.

So earlier today, Mr. Chairman, I gave the Premier some pretty

useful information. I gleaned this from that notorious left-wing international think tank called the OECD. What they found out -- boy, you know, when they do their homework, they do their homework, because it's on a province-by-province basis as well -- is that in the last 10 years all of the real increase in health care spending in Canada has come about as a result of the expansion of private health care. Government spending on health has actually declined as a percentage of GDP, just slightly mind you, from 6.5 percent in 1986 to 6.4 percent in 1996. However, the total spending on health, including private, has risen from 8.7 percent in 1986 to 9.2 percent of our GDP in 1996. Every penny of that increase is attributable to private, for-profit factors in the health care system.

I'm on the wrong side of 40. It's hard getting used to using reading glasses and not using them at the same time, Mr. Chairman. When you can demonstrate so categorically that private, for-profit is the only factor in escalating the costs over a consistent 10-year period and you tell the government, "Gee, why would you want to engender private, for-profit in the hospital area?" they just turn around and talk in bureaucratese. Did you notice that they cloak themselves in funny lingo, lingo of course that's in the bill itself like approved treatment facilities and "non-hospital surgical facility" and language like that?

Well, I say that the amendments that are proposed by the government are perfectly acceptable if the government will accept my subamendment, and I will now read that subamendment. I believe that it has been distributed to all MLAs. Well, it is in the process of getting to the last of the members in the Chamber. What I'm proposing, Mr. Chairman, is to add a section. All right? So I would add a section after proposed the section 67.41(2), and it would be:

> (3) No operator of a treatment facility that is the subject of a subsisting or future approval shall provide or permit to be provided at the facility a medical service of an intrusive nature that requires an overnight patient stay at such facility.

Note that I used not just the government's language, "subsisting," but also "future," which of course the government's amendment is missing.

Now, this is as nice and clean and neat as it gets when it comes to amendments, because the direct, the unarguable implication of this amendment means: no regulations play. What it means is if you want to set up shop as a private hospital but don't want to call yourself a hospital -- you couldn't do it under the Hospitals Act, which is why we've got Bill 37, to get around the Hospitals Act -- you go right ahead, but you cannot provide an intrusive medical service that requires an overnight stay. Ergo, you cannot be a hospital by any other name.

If the government doesn't support this amendment, if the minister doesn't, it is absolute, categorical proof that the government is really in the business of doing what I said before I even saw this bill, Mr. Chairman. When I saw the Government House Leader's outline last -- what? -- December, January, where he does these little bullets of the bills to come -- a health care amendment act; going to take care of some loopholes -- I said: that's the HRG act.

8:20

You know, the one and only time I've ever violated a long-standing parliamentary tradition was when I got a leaked copy of the legislation that the minister was going to be introducing on the Monday. I got it on the Thursday, and I released it publicly the following day. The rules say -- well, it's an unwritten rule -- that you're not supposed to do that. You're supposed to be a good parliamentarian, and you respect everybody's right to introduce legislation. I challenged the government on that Friday: prove me wrong. They did not prove me wrong. The following Monday, four days later, the minister introduced Bill 37, and I said: "Aha. The words are exactly as I said they were going to be. You didn't take a chance to deny it; did you?" Well, here's the government's chance to do something that it has consistently refused to do, and that is to stop cloaking itself in bureaucratese, stop hiding behind new lingo, talk in plain language, and say yes to this amendment, because my subamendment effectively says that there shall be by legislation no private, for-profit hospitals even if you want to play the semantic game of calling them by another name such as approved treatment facility or nonhospital surgical facility.

Mr. Chairman, I can hardly wait till this subamendment enjoys the unanimous support of the Assembly.

THE ACTING CHAIRMAN: The leader of the ND opposition has moved a subamendment to amendment A1, and that will be referred to as SA1.

The chair recognizes the hon. Member for Calgary-Fish Creek as the next speaker.

MRS. FORSYTH: Thank you, Mr. Chairman. I'm pleased to have the opportunity to speak in support of Bill 37 and its amendments proposed to this bill. Now, as you know, Bill 37 was introduced in the Legislature during the spring session to give government the right to take action to protect our public health system from the potential negative impacts of private health facilities.

THE ACTING CHAIRMAN: The hon. member is reminded to speak on subamendment SA1.

MRS. FORSYTH: I will.

A number of critics and special-interest groups claim that Bill 37 will pave the way for private hospitals and a two-tiered health system in this province. Well, let me tell you that this is not the case. Albertans have told this government that they want to protect the publicly funded health system. What the critics are saying about Bill 37 is simply not the truth. Bill 37 does two things with the amendments. First of all, it gives government the legislated authority to prohibit, restrict, or control private treatment facilities that want to provide uninsured surgical services like cosmetic surgery or services to uninsured persons outside the Public Health Act. Second, with the new amendments brought forward by the minister, it stops any private treatment facility in Alberta from providing insured surgical and medical services now only provided in public hospitals to any Canadian covered under a provincial health plan.

Amendment 67.41(2) clearly states that

> No operator of a treatment facility that is the subject of a subsisting approval shall provide or permit to be provided at the facility a medical service described in the regulations under section 67.9 to a person who is eligible to receive the medical service as an insured service under the health care insurance plan of any province.

Bill 37 originally was developed because Albertans were worried about the possible impact of private treatment facilities offering services in the province that are now provided by the public health care system. Albertans wanted government to intervene, but the fact is there isn't any legislation in place to give them that authority. Right now, Mr. Chairman, all a private treatment facility needs to start operating in the province is an accreditation from the Alberta College of Physicians and Surgeons. The government has no say. Bill 37 with its amendments will change this. Under the proposed changes approval from the Minister of Health is now part of any private facility application

to operate within the province.

It works like this. If a private treatment facility wants to provide uninsured services or services to uninsured people, they would first need accreditation from the College of Physicians and Surgeons and then approval from the Minister of Health. A decision by the minister would only come after a complete review of the facility proposal, including the need for its services, its compliance with the Canada Health Act, and most importantly -- and I'd like to repeat this -- most importantly its potential impact on the public health system.

MS LEIBOVICI: When are you getting to the subamendment?

MRS. FORSYTH: I have done that. If you'd pay attention.

THE ACTING CHAIRMAN: The hon. Member for Calgary-Fish Creek has the floor. Please respect that. The chair is listening to her and will intervene when it's appropriate.

Please continue.

MRS. FORSYTH: Thank you. Now, I'm speaking on Bill 37, and I'm speaking about its amendments and the subamendment.

Having the government involved in this process takes the pressure off the college and allows it . . . [interjections]

THE ACTING CHAIRMAN: Hon. members, the Member for Calgary-Fish Creek has the floor. Please let her finish.

Would you please continue.

MRS. FORSYTH: Thank you, Mr. Chairman. You know you teach your children about rudeness. They should be taught some here.

Having the government involved in the process takes the pressure off the college and allows it to perform its roles in monitoring medical safety and professional expertise. It also ensures that the needs and concerns of Albertans are considered before private facility applications are approved. As I mentioned before, there has been a lot of negativity towards Bill 37 and how it will open doors for more private health care centres to set up shop in the province. I want to make it perfectly clear that the door was already open. Bill 37 and the new amendments the minister is proposing close that.

With the amendments to Bill 37 private treatment facilities will be restricted to uninsured services, like cosmetic surgery, that are not medically necessary and therefore not paid for by the public system, and services for uninsured persons or those not covered by the Canada Health Act such as non-Canadians or workers' compensation clients. Under the proposed changes private facilities in Alberta cannot copy the services provided by public hospitals. Insured surgical services for insured Albertans, now only provided in our public hospitals, will continue to be provided only in the public hospitals.

Even in the case of uninsured services for uninsured persons, the college still has to provide accreditation, and if the college says no, the process is over. If the college provides accreditation, the facility proposals would still need to be reviewed by the minister. The review will still include an assessment of the impact on the public health system even though it could only be for uninsured services to uninsured persons, and the Minister of Health could still prohibit, restrict, or control the facility's operations based on the results of the reviews.

While some people would have you believe that Bill 37 marks the beginning of the end for the public health care system in Alberta, the simple truth is it doesn't. If you were an operator of a private health care facility thinking about setting up shop in Alberta and hoping to duplicate insured services provided by Alberta hospitals, forget it. Don't even apply for accreditation to the Alberta College of Physicians and Surgeons. If you want to provide a surgical service not covered under Alberta's health care insurance plan or want to provide services for uninsured persons, apply to the college for accreditation, be prepared for an assessment from the minister, and wait for the answer.

The proposed changes to Bill 37 recently announced by the Minister of Health are designed to protect the public health system and support the principles of the Canada Health Act. Bill 37 proves without a doubt that this government is committed to a quality, publicly funded system that is accessible to all Albertans, a system that Albertans believe in and are proud to call their own.

Thank you.

THE ACTING CHAIRMAN: The hon. Member for Calgary-Bow.

MRS. LAING: Thank you, Mr. Chairman. It's indeed a pleasure to sit here and to listen to the debate on this very important bill and also to be able to stand today and speak in support of Bill 37 and its government amendments.

This bill is clearly an example of our government's commitment to the protection of the public health system. It will provide the government with the ability to protect, prohibit, regulate, and control the establishment of private treatment facilities seeking to provide uninsured surgical services outside the public system in our province.

8:30

We've heard many different opinions of this bill. Many of the opinions have inaccurately described this bill as an attempt by our government to open the door and let loose the hatches for private health care. This is not true. This government remains committed to the principles contained in the Canada Health Act, to the continuation of public health care in Alberta, and to providing medically necessary health services to all Albertans. This bill reinforces that commitment.

Questions surrounding why there is a need for Bill 37 can be answered in one simple explanation. Currently the government has no legitimate authority to stop a private treatment centre from operating if it has received accreditation from the College of Physicians and Surgeons of Alberta. Right now, as legislation exists in Alberta, if a private treatment facility receives accreditation from the college, the government is powerless to stop the facility from operating even if it would have a potentially negative impact on our public health system.

Mr. Chairman, the recent situation with a specific health facility in Calgary applying for an extended accreditation to the College of Physicians and Surgeons highlights this very situation. The facility has applied to the college to allow noninsured surgery patients to stay overnight at their facility. The College of Physicians and Surgeons rejected their application a number of times. In their opinion, the college felt it was not necessarily their decision to make without further input from the public and the Members of the Legislative Assembly. Bill 37 accomplishes that.

Now, Mr. Chairman, again I'd like to mention that the College of Physicians and Surgeons in the past has refused overnight stays at a certain facility in Calgary because it wants to hear from the public and also have a clear legislative framework on which to properly base their opinion and any ruling. The college's refusal this fall to allow accreditation clearly cited that there are broader

public policy ramifications for whatever decision they would make. Bill 37 provides this public policy within a legislative framework that clearly intends to protect the public health care.

Despite what members of the opposite side of the House may be thinking, our intention to listen to the views of Albertans on what they wanted protected within our health system was the catalyst for this bill. We realize that there are changing forces within health care across the country, Mr. Chairman, not just Alberta. These changing forces have provided us with the need to protect our health care system, and again, Bill 37 and its amendments do just that. The amendments to Bill 37 will prohibit any private hospital from providing insured surgical and medical services that are now provided in public hospitals to any Canadian insured under a provincial health plan. With the amendments to this bill a private treatment centre seeking to provide uninsured services to uninsured individuals would require, first, accreditation from the College of Physicians and Surgeons and then formal approval from the Minister of Health. Any decision from the Minister of Health could only come after comprehensive review of the facility's proposal, including an assessment of the impact on the public health system.

Under the bill and its amendments the Minister of Health would review such a private treatment facility's application only if it had received prior accreditation from the college. During the review process the minister would take into consideration the current and future needs of the services to be provided by the facility in that area, the potential impact that the proposed facility would have on the public health system, whether the public interest would be served in approving the application, and any other factors that the minister might consider to be relevant. However, the integrity of our public health system within this new approval is very comprehensive. Even if the college provides the accreditation to a private treatment facility to provide uninsured surgical services, the Minister of Health could still prohibit or restrict the facility. If the college turns down the original request for accreditation, the process ends, and the minister will not even review the application.

Mr. Chairman, I would like to qualify that the role of the College of Physicians and Surgeons will remain the same. Bill 37 and the government amendments in no way will impede or alter this role. The college has stated repeatedly that they do not feel comfortable making public policy decisions with respect to health care. Bill 37 with the government amendments ensures that they do not have to make such decisions. Public policy decisions are best made by those individuals elected to serve all Albertans, namely those sitting in the Legislative Assembly today. The role of the college will be there to ensure quality and standards of care with respect to physician practice. Our government certainly believes in the capability and professionalism of the college to be able to carry out those duties.

Essentially, Bill 37 and the current amendments provide a second level of protection for Alberta's publicly funded health system by providing the Minister of Health with legislative authority to overturn or to place conditions or restrictions on an application to operate a private treatment facility, even though the College of Physicians and Surgeons has approved accreditation.

Point of Order
Relevance

MR. DICKSON: A point of order in terms of relevance, Mr. Chairman. I've been listening carefully. We're dealing with a subamendment, which has nothing to do with the College of Physicians and Surgeons, which amends an amendment which has nothing to do with the College of Physicians and Surgeons. It's clear that if government members are speaking from speaking notes that they were issued by Alberta Health last week, they have to be updated because it's not on point with what we're talking about in terms of the amendment before us.

MRS. LAING: I am getting to that point. One of the things that your subamendment talks about is the fact that they can be allowed to stay overnight, and that's what the College of Physicians and Surgeons at this point has the authority to decide. So looking at your subamendment, this is what we're talking about. I'm giving you the rationale why that is the case today.

THE ACTING CHAIRMAN: The chair has listened intensely to the hon. member as she spoke. I believe that she has been building her case, and I would like her to be given the opportunity to continue presenting her case.

Would you please continue.

Debate Continued

MRS. LAING: Thank you. As we've said earlier, this government is committed to maintaining and protecting the public health system, and without this important piece of legislation -- this is why it cannot be pulled, as has been suggested. This public health system could be put in jeopardy with a lack of clear legislation preventing private hospitals from providing insured surgical services normally provided in hospitals. Most of those, as you know, require overnight stays.

In closing, Mr. Chairman, I would like to suggest that we not support subadmendment SA1 as it is not needed. It is already in the bill that this particular case would be governed under the College of Physicians and Surgeons with the minister giving final approval. So I would like to recommend that we not support that amendment.

Thank you.

THE ACTING CHAIRMAN: The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you, Mr. Chairman. I'm pleased to rise this evening to speak. I do wish, however, that it was on a topic different from the one before us, one that proposes bill amendments and all to legalize private hospitals in Alberta.

If I may, I would like to speak both to the amendments in the context in which they have been proposed, linking them with the bill itself. I think it is important at the onset to state for the record that the premise of the amendments and the bill to which they're attached are intended to construct a legal framework for splitting health services in this province into public and private, core or noncore. The members on the way and across the way have said that all of this has come about because of some recent recognition that the College of Physicians and Surgeons can no longer be viewed as approving treatment facilities and somehow usurping the government with respect to the qualifications or accreditation of these facilities.

In reality, Mr. Chairman, this government has been sowing the seeds for the differentiation of public and private and core and noncore since 1994. I know this from personal experience because in 1994 I was asked to sit as a nonvoting labour representative on the health plan co-ordination project, a group of primarily unelected representatives from primarily corporate backgrounds who saw fit as one of their first agenda items to embark on a task of exploring how Alberta's health care services could be defined as core and noncore. They even brought an

executive director from the Oregon health services department to speak to them about the Oregon model, which does just that, lists services publicly insured and provides a list of noninsured.

8:40

I would also like to state for the record that the amendments and the bill to which they are attached are flawed. We see virtually no evidence or rationale for why they are being brought forward. The government has not conducted any consultation since the bill was introduced in the spring session this year on the incorporation of private hospitals in this province, and I do not see any justification for the bill to be returned or amended at this stage, given that that public consultation hasn't occurred.

In addition to that, we hear the Premier off the cuff on a radio talk show last week announce that there was going to be a process of public consultation on health care. I would ask: why are we pre-empting that consultation by debating Bill 37 during this session? What is the rush? Well, one component of the rush seems to be a corporate entity that has become recognized by the acronym of HRG. I'd like to quote briefly from an address given by Mr. Jim Saunders entitled Private Health Services in Canada: the Potential, the Politics and the Propaganda. I think this might shed some light as to who and where the drivers are coming from that are promoting the differentiation of services into public and private. Mr. Saunders says:

> There is little doubt that the fundamental changes in our health care system were primarily driven by rapid reduction in government funding for health care. Without the high profile budget reductions, the decision makers would not have had the incentive to make the tough decisions, and those impacted by the decisions would not have tolerated the changes.

Acknowledging that, he goes on to identify how HRG arose from those changes and began to renovate a facility, the old Grace hospital in downtown Calgary. I'm providing this to provide a contrast of what the two systems are going to look like that these amendments and bill suggest. He says:

> Renovations were started in November, 1996 and were completed in July, 1997. The philosophy regarding renovations to the hospital was one of no compromise, spend what is reasonably required to create a first class facility which will meet or exceed the current clinical standards and expectations of a primary/secondary hospital.

We're not talking about a clinic. The government members across the way, when they've been referring to this facility, have always been calling it a facility. The principal president speaks of it in his own speech as a hospital.

> Similarly, capital equipment, minor equipment and supplies were selected based on upper end specifications which would normally be expected in a new hospital . . .
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> The interior finishing of the HRC more resembles a hotel than a health centre. The architects, Health Design Group of Calgary, are well experienced in hospital design and were able to successfully blend an efficient high tech medical/surgical environment with the soft, warm, quality feeling of a first class hotel. Done up in a southwestern theme with earth tone colors, there is special hospital carpet throughout (except, of course, in the technical areas such as the O.R.s). There is extensive use of oak on handrails, cupboards, and doors. Brass hardware is the norm. There is also special lighting with sunshine ceilings and wall sconces to take away any sense of institutional feel to the area.
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> The nine private, twelve semi-private and one four bed ward make up a total of 37 inpatient beds. All patient rooms are tastefully decorated with wallpaper, pot lighting, and coordinated drapes and bedspreads. There are new bathrooms, with a shower in each patient's room. The communication system is designed with a television, speaker phone and computer outlet at each bedside.

Mr. Saunders goes on to say that

> the commitment to living within the Canada Health Act means that Health Resource Centre will not offer insured health services, to insured Albertans, on a user pay basis.

However, he points out: calls are received each week at HRG by insured Albertans offering to pay for insured services which have longer waiting lists in the public system, such as arthroscopy, major joint surgery, hips, shoulders, knees, back surgery and hernias. All because, by the way, this government, these members don't have the political will to adequately fund the health care system in this province. He distinguishes in his address that at this time it would be a contravention of the Canada Health Act and therefore illegal for HRG to offer services in this way.

Well, I say that it is only a matter of time, with the legal framework proposed by this government and the waiting lists in the public system continuing to grow because the system is not properly funded, that we will have more and more Albertans who have the padded pocketbook saying to this government: we're prepared to opt out of the provincial health care plan, Mr. Minister and Mr. Premier, and we will be more than happy to go to HRG.

You don't think that there are going to be health professionals that would much rather work in the environment I described in this paper than in the underfunded, deplorable, unsafe conditions that exist in our public health care system today? It is absolutely shameful that we have the political will in this province to bring forward this abysmal bill, and we do not have the political will to adequately fund the system to provide safe care to Albertans who are sick.

I am one of two members of this Legislature that has had the privilege of working within our public health care system in recent years. Perhaps of even greater importance I am a professional product of our public systems of education and health care, having received my basic training in a hospital-based program in Calgary.

Proponents of the bill and the radical restructuring of our system in recent years have rationalized the necessity of interventions such as Bill 37 and the political hairsplitting amendments we are debating tonight on the premise that such interventions are necessary because the system is too expensive, because the system has always had a private component, because self-interest groups and professional turf protection must be eliminated.

In professionally spun press releases and consultation documents the stage has been set since 1993 for the eventual construction of a unilateral private system. The radical nature of changes the system has endured since '93 cannot be understated, and these must also be considered in the context of these amendments and the bill: 147 locally based governing boards eliminated to be replaced with handpicked government appointees, $960 million in cuts made in haste without a plan, over 20,000 health care workers eliminated from every facet of the system, dramatic increases in the utilization of part-time, casual, and overtime staff to fill the gaps and thousands of beds closed as a result of underfunding, and the additional unnecessary loss of hundreds of new professional graduates in health disciplines because no permanent jobs could be funded. Further, we've seen the privatization of laboratory, laundry, and food services, all of which have cumulated to create an environment that is significantly less safe, less accessible, and in the end more expensive than the system pre the '93 period.

The government's reasoning for these amendments is pathetically weak. Trust us, they say; it's needed to ensure the minister has the ability to say no to private hospitals. The reality is that ministers of the Crown in this province and every other province in this country have always had the ability to say no and unanimously have said no for decades. The difference is that the

current Alberta government believes its duty is to promote the private-sector economy even when the profits come from sick and dying Albertans.

8:50

The flaws of a privatized, for-profit system of health care have been widely documented and are broadly understood by the public. The most recent poll found 89 percent of citizens are against a two-tiered health care system. Only a government wildly off course and grotesquely arrogant would ever consider entertaining a bill to legalize a two-tiered system. In Alberta this is the reality we face. The amendments before us this evening combined with the bill are intended and will provide a legal framework for private, for-profit hospitals.

HRG, the prominent facility I spoke of, will not be the only private, for-profit operation that will benefit from such a law; it will just be the first. Because its application has been partially processed, the final reality is that every other private, for-profit operation will be entitled through the internal trade agreement and the North American free trade agreement to pursue and obtain the same rights.

The political hairsplitting about whether we should have physicians or amendments to provide for overnight stays or amendments for physicians enrolled in the plan or amendments about the health insurance plan are completely moot, because you approve one and you are completely impotent to do anything to stop any other companies from gaining the same status.

It's odd; isn't it? We don't hear this government explaining these realities. I haven't seen a single consultation or town hall by members of this government surrounding the issue of private health care. I didn't hear the Premier in the last election talk about private health care. We've now been at least four months since the session ended in the spring, certainly adequate time, when the minister and the Premier were on the golf course this summer, to talk about the issues of private health care. But it didn't appear to be enough of a priority for them to undertake to do that. Rather, we bring in the bills, bring in the amendments at the eleventh hour and then raise our hands in disbelief because the public doesn't support them.

I am sure that we will have significantly more lively debate this evening, and I will reserve my further comments on this bill until the amendments are concluded, but I am wanting to state unequivocally, Mr. Chairman, that this bill is flawed. The public has not been consulted. There is adequate evidence today in terms of the tablings and the petitions that we brought forward within the afternoon session that this government needs to do a better job of consulting Albertans, and if they're not prepared to do it, then they should not be bringing legislation forward. If they are going to bring legislation forward, then they need to have the political guts to say who they consulted to create it.

With that I respectfully will conclude my remarks. Thank you very much.

THE ACTING CHAIRMAN: The Minister of Health. [interjections] The Minister of Health has been recognized.

MR. JONSON: Mr. Chairman, I would like to just make a few brief comments in response to the proposed amendment and also a few other more broad references that have been made to the bill by members across the way.

First of all, the Member for Calgary-Buffalo spoke with some vigour and at some length with respect to the special status that WCB, Workers' Compensation Board, clients have, yes, in this bill, but this reflects, Mr. Chairman, the provisions of the Canada Health Act, something which the members across the way purport to support. Certainly the government does and reflects that support for the Canada Health Act in the provisions of this bill and in our actions now and in the future.

But I think it should be put on the record that right in the text of the Canada Health Act is reference to what might generally be referred to as an exemption for the workers' compensation boards of this country.

Further, Mr. Chairman, it has been, I think, the interpretation or the application of the act by the federal government which has led to the seeming and I think actual exceptions provided for members of the armed forces and for the RCMP. So if the hon. member across the way has the critique, I think it should be levied at the federal government. I have to acknowledge that at this particular point in time in the history of Canada the federal government does happen to be Liberal, so I would assume that their criticism would be well received.

Secondly, yes, we should talk about, have a little discussion about the free trade agreement too, Mr. Chairman. I think perhaps later on in the debate the minister of intergovernmental affairs would want to enter in to give a more detailed and academic description of the free trade agreement. But in the provisions of the free trade agreement are sections which refer to the ability of a government, in this case a provincial government in Canada, to take action, to make decisions to protect the public services as they see fit in their particular jurisdiction.

Mr. Chairman, in the various remarks that have been made about the free trade agreement, I've listened and have found no particular quotation of particular sections or any particular evidence except a general contention or allegation that that particular piece of legislation is not covered off by the health legislation or equaled or countered by the health legislation that a particular province chooses to legislate, to pass.

The final point I'd just like to make is with respect to the amendment before the House currently, Mr. Chairman. I quite frankly admit that there's a term in that amendment that I need to check out. I know what it means in the dictionary, but I do not know if it has some special meaning with respect to medical practice. I would like to check the implications of that particular word; "invasive" I think it is.

Mr. Chairman, on that note, having to date not found that I can support these amendments, certainly the one I introduced but not these amendments, I would at this time, however, move to adjourn debate.

THE ACTING CHAIRMAN: The hon. Minister of Health has moved that we adjourn debate on Bill 37, amendment A1. All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE ACTING CHAIRMAN: All those that are opposed, please say nay.

SOME HON. MEMBERS: Nay.

THE ACTING CHAIRMAN: The motion is carried.

The hon. Government House Leader.

9:00

MR. HAVELOCK: Mr. Chairman, I would like to move that the committee do now rise and report.

[Motion carried]

[Mr. Herard in the chair]

MR. SHARIFF: Mr. Speaker, the Committee of the Whole has had under consideration certain bills. The committee reports progress on Bill 37. I wish to table copies of all amendments considered by the Committee of the Whole on this day for the official record of the Assembly.

THE ACTING SPEAKER: Does the Assembly concur with the report?

HON. MEMBERS: Agreed.

THE ACTING SPEAKER: Opposed? Carried.

[At 9:02 p.m. the Assembly adjourned to Tuesday at 1:30 p.m.]