

## Legislative Assembly of Alberta

Title: **Wednesday, November 18, 1998**

8:00 p.m.

Date: 98/11/18

head: **Government Bills and Orders**

head: **Committee of the Whole**

[Mr. Tannas in the chair]

THE CHAIRMAN: Good evening. I'd like to call the committee to order.

For the benefit of those in the gallery, just to explain where we're at right now, this is the committee stage. It's a stage in the life of a bill where you go through it literally word by word, phrase by phrase, section by section, however the members want. Members are allowed to speak more than once to the issue. Indeed members find it convenient to wander from one side to another, so if you have your chart and see where members are, that may or may not be the member that you think it is, because there is a certain amount of freedom.

Having said that, I would remind all hon. members that in committee we will go by the tradition of only one member standing and talking at the same time. If you wish to engage in lively discussion, we would wish that you would do it outside in the lounges on either side of the Chamber.

Before we get into the bill itself, I wonder if we might have unanimous consent to revert to the introduction of visitors.

HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed? Carried.

head: **Introduction of Guests**

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

MR. DICKSON: Thank you very much, Mr. Chairman. It's my real pleasure and honour this evening to introduce to the members of the Assembly all of those concerned Albertans that have come out to express their concern and dismay with the prospect of the passage of Bill 37. I'd invite those Albertans to stand and receive the warmest welcome of the Members of the Legislative Assembly, please.

THE CHAIRMAN: I just would like to draw a little bit of a boundary around "express their interest in," that members in the gallery are not allowed to actually participate, other than watching and listening. They're not allowed to make the noises of pleasure or displeasure. So just a caution there.

The hon. Minister of Agriculture, Food and Rural Development.

MR. STELMACH: Thank you, Mr. Chairman. It is indeed a pleasure to be able to introduce to you and to Members of the Legislative Assembly this evening three distinguished gentlemen from the county of Two Hills that are visiting us and seated in the members' gallery. They are newly elected councillors: Reeve Pat Gordeyko, Deputy Don Gulayec, and of course a good friend of mine from the constituency of Vegreville-Viking, Ron Hrudey. Would you please rise and receive the warm welcome of the Assembly.

THE CHAIRMAN: One more thing for the information of the gallery. Members in Assembly normally are only allowed glasses of water. Now they can bring in coffee or juice, but they're not allowed to smoke in the Chamber.

## Bill 37

### Health Statutes Amendment Act, 1998

THE CHAIRMAN: We have an amendment known as A1, moved by the hon. Minister of Health, and a subamendment to that as moved by the hon. leader of the NDP opposition. That's what we have under consideration, the subamendment. So if we could address our thoughts to that.

First of all, I'd like to call on the hon. Member for Edmonton-Strathcona, followed by the hon. Member for St. Albert.

DR. PANNU: Thank you, Mr. Chairman. I rise to speak on Bill 37, the amendment proposed to it by the Minister of Health, but particularly on the subamendment to the amendment, introduced by the Member for Edmonton-Highlands, the leader of the New Democrats.

Mr. Chairman, the intent of the subamendment introduced by the Member for Edmonton-Highlands is to make absolutely sure that if this bill ever sees the light of day -- and I hope it doesn't -- it never allows private, for-profit hospitals to come into existence and start operating in this province. That's the intent of the subamendment.

I'm very concerned about the bill. I'm very concerned that there are so many Albertans who are very concerned about it. I share their concern about this. These are severely normal Albertans. They are not millionaires. There are retirees among them. There are employees among them. There are parents among them. There are grandparents there. All of the members of this House, my colleagues, I ask you: look into the eyes of these people who are here tonight. They are here to ensure that we speak our minds with respect to what we think this bill will do to the future of the public health care system in our province. Beyond the boundaries of this province what kind of doors will it open to the privatization of the public health care system all across this beautiful land?

We have a responsibility clearly, first of all, to Albertans to speak to what we consider to be the ramifications of this bill with respect to the future of the publicly funded health care system but also to speak to the concerns of millions of Canadians who are watching us as we debate this bill and make a determination whether it passes or fails or is voted down in this Assembly.

I find that the amendment that's been proposed here by the Member for Edmonton-Highlands is an extremely important amendment. It in fact challenges the minister to prove, to demonstrate by voting in favour of this subamendment that he really means it when he says that he has brought this bill into this House in order to protect public health care in this province. To vote against this amendment would be to signal a concurrence with those who want to bring private, for-profit hospitals into our medicare system and have them operate at will. The subamendment reads:

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 [invasive or] intrusive nature that requires an overnight patient stay at such facility.

Now, if this amendment is voted on and approved, what it will do is begin to repair the damage that has been done over the last many years to the publicly funded health care system in Alberta. The bill as it presently reads would simply ensure that the Workers' Compensation Board of Alberta, the RCMP, our native communities, and the Canadian armed forces will have available to them in the private sector medical services that are not available either to them or to the rest of Albertans within the public system. Now, to allow, then, this second tier of system to develop is to encourage more and more Albertans, who are frustrated because of the gutting of the health care system that has gone on in this

province, particularly since 1993 but not only since, that they should also begin to walk away from it. It will also mean that the publicly funded health care system will experience an increasing and growing drain on its revenue structure.

**8:10**

Over a million Albertans are covered by WCB premiums. WCB claims that it works both in the interest of the injured workers as well as in the interest of the employers, who are obliged by law to pay the premiums. Therefore I would assume that WCB would be interested in controlling the costs of the services that it seeks to make available to the workers who are covered by it. It is the cost of the services that needs to be contained, that needs to be reduced if the WCB is going to reduce the premiums or control the premiums that employers pay. So I can see how employers would be very happy with what this bill tries to offer to WCB and other organizations of the sort that I mentioned.

It is demonstrably clear that privately operated health care systems are nearly twice as expensive, twice as costly as the publicly funded ones. So if the public system can be enabled to provide services on demand to injured workers for which WCB is responsible and those services can be provided at a cost which is demonstrably lower, that are guaranteed to be lower, then clearly WCB should and, I hope, would choose to send its patient to the public health care system.

This bill, in my view, would do the opposite. It's an attempt for the government to wash its hands of any responsibility towards ensuring that employers in this province, that the injured workers in this province, and that all Albertans have access to medically necessary services on demand when they need them. Since this government is guilty of having wrecked the medicare system in the direction of making it impossible for it to provide the services when Albertans really need them, it now finds that it can go beyond that to create a new second tier that will look after the demand so created by its own actions.

The amendment before us is an attempt to make sure that for-profit operators cannot and will not have any opportunity in this province to benefit from the demand that has been created for their services, it would appear more or less wilfully, by the actions of this government. This revenue drain, that this bill will ensure happens, will seriously weaken the publicly funded health care system in the years to come. Albertans and Canadians simply refuse to allow that to happen, and that's why at 8 o'clock in the evening in late November we find concerned Albertans on both sides of the galleries to be present here to give us a message to stop right here; don't proceed with this bill. Must you decide to proceed, then we here will certainly want to make sure, by bringing before this House amendments which are grounded in a commitment to social purpose, social purpose which calls on all of us to provide to all Albertans, without discrimination of any kind, the health services that are medically required and needed by them, when they need them and at a cost that's equally shared by all of us Albertans, too, by way of public funding of that system.

[Mrs. Gordon in the chair]

I want to return for a moment to the cost-effectiveness issue. This government has tried to earn a reputation for being concerned about cost effectiveness. Those claims would seem to be hollow in light of what this bill will let happen in this province with respect to the total costs of medical services that will have to come from our collective pockets, whether they come through public taxes or through premiums paid by employers or whether

they come through insurance policies that all of us will have to take in order to cover the medical exigencies that we necessarily as human beings must always keep in mind and have to deal with.

The Minister of Health during the spring sitting of this session made the same claims that he made in the paper today, and what he said then is no different than what he said today in the *Edmonton Journal* of November 18. However, the very fact that he decided to bring an amendment in is to concede that his claim that he made then was not supportable on closer scrutiny of the provisions of this bill. Now he wants us to believe that the claims he's making today should be credible, that we should believe what he's saying.

Madam Chairman, I want to caution the members of this House. I want to implore them not to take the claims of the Minister of Health as serious claims. If the minister is really serious about ensuring that no further intrusions by private interests on our public health care system take place in this province, then there is a much better way of achieving that goal.

**8:20**

This government some years ago brought a bill into this House to make it against the laws of this province for any government in the future to engage in what they call deficit budgeting. Why is it inconceivable today for the minister of the same government to bring in a bill which unequivocally commits this government and future governments not to allow under any circumstances for the private sector to move into the health care system? It can very well do that. Why did you bring in this bill which has many holes in it? Since it has the powers to bring in such a bill to prevent itself, to prevent this minister and any future Minister of Health, be that the present Minister of Energy or the future one, to tie the hands of this government, to tie the hands of its ministers, to do anything to damage the public health care system in a way that will only profit those who want to become rich, who want to make millions at the cost of our health and our illness.

I would therefore argue very strongly and urge my colleagues in this House to support this amendment and by supporting it take some of the teeth out of Bill 37, which if left in there will certainly lead to the destruction of the public health care system as we've known it.

Thank you, Madam Chairman.

THE DEPUTY CHAIRMAN: Are you ready for the question?

The hon. Member for St. Albert.

MRS. O'NEILL: Thank you, Madam Chairman. I'd like to address the subamendment brought forward by the Member for Edmonton-Highlands, which I believe is what is the topic of discussion here tonight on the floor. The Member for Edmonton-Strathcona mentioned that the amendment is grounded in social purpose, and I'd like to speak specifically against the subamendment though, which is what I understand is being discussed here tonight at this very point.

I noted that a great deal of the subamendment debate has focused on those Albertans receiving health services through workers' compensation benefits. The hon. member seems to have overlooked the fact -- and this surprises me since she represents a party that usually works for and speaks on behalf of workers -- that the ability of workers' compensation patients to access medical services outside of the public health care system is entrenched in the Canada Health Act. I believe that the subamendment makes an artificial distinction between services that may require an overnight stay and those that do not. Why would this Assembly try to reverse one of the principles of the Canada Health Act?

You see, Madam Chairman, in Canada and in Alberta our health system is based on what procedure is being performed and who is paying for that procedure. This is why Bill 37 and its government amendment is so focused on uninsured services and uninsured persons. Uninsured services and uninsured persons are already outside of the Canada Health Act. The government House amendment was introduced to protect the principles of the Canada Health Act by prohibiting a treatment facility from performing insured medical services for insured persons. It has already been mentioned that Bill 37 would allow for procedures to be done for workers' compensation patients by a private facility with the appropriate approval from the college and from the minister. [interjection] These patients are considered to be uninsured as far as the public health system in Canada is concerned.

**THE DEPUTY CHAIRMAN:** Hon. Member for St. Albert, I'm just going to possibly put the hon. Minister of Energy on our speaking list. Hon. Minister of Energy, would you like to be on the speaking list? Thank you.

I think you can continue, St. Albert.

**MRS. O'NEILL:** In fact, as it has already been indicated, Canadians decided many years ago that medical procedures for workers' compensation patients could be performed outside the Canada Health Act. The Canada Health Act explicitly excludes workers' compensation boards across Canada. Workers' compensation boards have already paid for the health services for their clients directly, both from the private sector and from the public system.

Even though the Canada Health Act permits Workers' Compensation Board patients to access services outside of the public system, the Member for Edmonton-Highlands wants to limit those patients' ability to access medical services requiring overnight stays in private treatment facilities. Quite contrary to what I would have thought she would be speaking of, in favour of workers and their compensation benefits.

The subamendment proposed by the hon. member would reverse the approach Canadians have taken towards the provision of medical services to workers' compensation patients. Again, the important point to remember is that even for uninsured services for uninsured persons a private treatment facility would first have to receive accreditation from the college and then formal approval from the Minister of Health. The Minister of Health would have the ability to prohibit even the provision of uninsured services in these facilities if it appeared that the provision of such services would have a negative impact on our beloved public health system.

Public health care will be maintained under Bill 37, Madam Chairman. The government House amendment further strengthens the public health system in Alberta.

Madam Chairman, I would conclude by urging my colleagues to vote against the subamendment proposed by the Member for Edmonton-Highlands and to support the government amendment brought forth by the minister. Thank you.

**THE DEPUTY CHAIRMAN:** The hon. Member for Calgary-Egmont.

**MR. HERARD:** Thank you, Madam Chairman. It is indeed a pleasure to rise and speak to the amendment to Bill 37 and the subamendment. I certainly will be speaking in favour of the amendment and against the subamendment. It was quite clearly brought to light by the hon. Member for St. Albert as to what exactly the effect of that subamendment would be.

I think it's important to observe the comments of the leader of

the New Democratic opposition, who vehemently claims that we should withdraw the bill as it poses a threat to our publicly funded health system. Yet when we look back at earlier debate, the Member for Edmonton-Highlands said about the bill:

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.

Well, that's precisely what Bill 37 does with the new amendments. It prohibits private treatment facilities from getting contracts from regional health authorities to do insured services now done in our public hospitals. In addition, it addresses the concerns raised by the member in the very manner suggested by that member. Yet it seems that when the government listens and gets ahead of that member, she simply changes her tune and demands something different, which is of course the result of the amendment that we have before us.

Bill 37 is necessary legislation as amended by the minister. Under this amendment the government will be in a position to protect our quality, publicly funded health system. Bill 37 is about ensuring that our children and grandchildren enjoy the same privileges tomorrow as we do today. That's what's confusing about the whole rhetoric that we hear from the opposition. There's been a lot of confusion, and I think that is primarily as a result of a campaign of misinformation that the opposition parties are engaged in along with their allies. Of course, we know that the media loves bad, negative news, so the only thing that gets printed is negative news because that's what sells newspapers and that's what influences ratings.

**8:30**

Now we've got a new leader of the Liberal Party opposite. New leader, new slogans. She came into the House and said that the only spending increases . . . [interjections]

**THE DEPUTY CHAIRMAN:** Assembly, the hon. Member for Calgary-Egmont has the floor. Proceed, Calgary-Egmont, and no interjections or calls, please.

**MR. HERARD:** The member opposite introduced new misinformation this week, stating that the only spending increases in health care since 1988 have been spending for the for-profit side of health care.

**MS BARRETT:** No. That was me that brought that in.

**MR. HERARD:** Well, you both said it, but it's perhaps more significant from the leader of the Liberal Party because, as I understand it, her brother runs an MRI clinic in the city of Calgary, a for-profit MRI clinic in the city of Calgary.

They forget to say, though, that since 1988 the federal government has gone from 50 percent funding down to 14 percent funding. That's the Liberal cousins in Ottawa. They forget to put that into the equation. So I wonder if they wouldn't mind adding the billions of dollars that have been stolen from health care by their cousins in Ottawa. Add those numbers into your figures and then see what happens. Add that in and see what your numbers look like then.

What Bill 37 is about is maintaining the public health system we already have. The bill is a safety net. It's a way to preserve a cornerstone that sets Canada apart, a cornerstone that is the envy of the world. It's not a way to tear it down as the opposition and the media would like you to believe. Bill 37 enables this government to monitor, to control private health facilities. Right now

there is only one way that this can be controlled, and it lies with only one organization. Currently that organization with the power to say yes or no to the establishment of a private health facility in this province is the College of Physicians and Surgeons of Alberta. So Bill 37 is adding protection. It was drafted with Albertans' health care and the Canada Health Act at the centre of that protection.

The bill essentially creates an added barrier by giving the Minister of Health a say in the application process. The way it is today, if those facilities had been approved by the College of Physicians and Surgeons, there was nothing that the government could have done about it. So that's what this is about. Under the bill the government would be in a position to assess a new facility and a new facility's proposed operation. Under the bill government will be in a position to veto an application and/or make changes to that application.

These new amendments to the legislation will in effect slam the door on any private facility that tries to offer insured services that are already performed in our public hospitals for people who are covered by a provincial health plan. So I'm very pleased to support the amendment as brought forward by the Minister of Health, and I will not be supporting the amendment brought forward by the hon. member of the third party.

Thank you.

THE DEPUTY CHAIRMAN: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Madam Chairman, I got so excited at the prospect that the Member for Calgary-Egmont is going to speak and vote in favour of the subamendment that's on the table, because that's the only thing we're currently debating, that I lost my place in my notes.

What I wanted to say is that we're soon going to come to a vote, the first vote on this bill. You know, we've heard lots of talk, but we will soon have an opportunity for every member in this Assembly to be identified in terms of their support for public health care or their support for continued erosion of public health care.

Now, I want to make an observation in terms of the subamendment we've got in front of us and the reason why I support that subamendment. You know, when I listened to the Member for St. Albert speaking earlier, it struck me that the department of Health, those 631 employees and that very large public relations department they've got, have done such an excellent job that they've been able to persuade certainly members of the Conservative caucus that this is a salutary, a helpful bill, but to a government caucus that's fixated on gambling, let me put this in a context that'll be as understandable as I can make it.

If you think of a slot machine, hon. members -- you know, one where you don't get the jackpot until you line up the three oranges in the three windows -- in effect, that's what the problem is with this bill. It only says no to private health care if you line up three circumstances. The first circumstance: it has to be a person who is insured under the Alberta Health Care Insurance Act. That means that somebody on WCB is ineligible if they're making a claim, that a new Alberta resident is ineligible, that a member of the Canadian Forces is ineligible, that a member of the RCMP is ineligible, and anybody who's opted out of the provincial health care plan is ineligible. So that's the one thing that has to apply before there's any prohibition against a private hospital.

The second one is that the service has got to be an insured service. Okay? Some of us have concerns in terms of whether the government is going to deinsure. But here's the rub: the third thing that has to line up before the so-called protection kicks in is that this has to be a service that's identified in the regulation.

You know, we don't know how many of the insured services are going to be identified in the regulation as being protected from profiteers. It's entirely conceivable, hon. members, that in the entire range of insured services, even without the government deinsuring a single service, if by regulation they pick five or six health services, then that means those are the only services in respect of which a private hospital will be forbidden from carrying on that kind of work.

If you don't line up each of the three items in a row, if you don't have an insured person receiving an insured medical service which happens to be a service listed specifically in the regulations, Bill 37 is not only worthless; there is absolutely no protection and there's no safeguard. What the subamendment does is attempt to start building some fences, and there are plenty more amendments to come. I suggest to hon. members that you start thinking just how narrow this is, and before the next government member gets up to talk about what wonderful protection this is, you recognize that it's incredibly limited.

We all know in this House that this is the one jurisdiction in all of Canada where regulations are made in secret. They're not published. They're not subject to all-party scrutiny like virtually every other Legislature in Canada. They're hatched when the government decides to talk to a few selected stakeholders. And that's our best protection? Not good enough, hon. members; not good enough, Minister of Health; and not good enough for anybody else who thinks that this bill is the answer.

So I'm voting in favour of this subamendment. I think my colleagues are going to vote in favour of the subamendment, and we're going to be interested in seeing how the government members vote on that. So let's move to the question and see where people stand on the record.

Thank you very much, Madam Chairman.

THE DEPUTY CHAIRMAN: Thank you.

The hon. Member for Edmonton-Strathcona.

8:40

DR. PANNU: Thank you, Madam Chairman. I just want to make a couple of points, because the hon. Member for St. Albert and the hon. Member for Calgary-Egmont raised some interesting questions, and I think they need to be addressed by this House. I want to again ask my hon. colleagues on the opposite side to address the issue of cost-effectiveness. They haven't. They continue to harp on the fact that the WCB stays outside CHA. We all know that. There was never any doubt about this. That isn't the point I was making. The point, however, is that the public health care system is so poorly funded that there are long line-ups, and the only place WCB can send these patients is to places where they don't have to wait. That's the point I'm making.

The issue of cost-effectiveness also raises some -- privatization is seen as a way of somehow cheapening services. I think the Minister of Energy, the former minister of something else, talked two years ago about having lost \$2 billion in privatizing. A small amount. Nothing. A very small amount. If Albertans lose \$2 billion thanks to the Minister of Energy's decisions, so be it, because the market is sacred and the market will look after all of us regardless of what we have to pay to get what we need.

One other point I wanted to make here of course is that it is true that the drastic reductions in federal transfers to provinces has given more space and increased the ability of governments such as we find in Alberta to do the hatchet job that they've done on our social institutions, including health care.

Thank you, Madam Chairman.

THE DEPUTY CHAIRMAN: The leader of the ND opposition.

MS BARRETT: Thank you, Madam Chairman. Being the sponsor of this first subamendment that we're dealing with based upon the government's amendment, a number of issues, I think, need to be addressed. First of all, I should warn members that it's very dangerous to quote me selectively. I am not a fool. I didn't ever just refer to the fact that the bill was horrendous and offensive because it would ultimately allow private, for-profit facilities to engage in contracts with the regional health authorities; in other words, directly with the taxpayers. I don't even have to look at *Hansard* to know what I said in second reading. I don't even have to look, because I know this subject inside out. The subject inside out is that I lived in Britain for those critical two years when this happened. I can guarantee you a hundred percent that I will have referred to that experience when I argued against this bill in second reading.

Now, let me repoint out, first of all, the reason that I'm sponsoring this subamendment. The reason is this. When the government does something right, I'm always the first to say: hey, they're doing something right. If they're not doing it all the way right, I'm the first person to say: do it all the way right. Now, to do it all the way right is really simple. Monday night when I advanced this subamendment, which effectively would rule out this new category of facility called approved treatment facility, kind of a cousin to the bureaucratise known as nonhospital surgical facility, I asked the minister: would he approve my amendment, which says that this new kind of facility, a hospital by any other name in other words, would not be able to perform invasive medical procedures. I used the word "intrusive" in my amendment, but he knows full well -- I talked to him in person, went over it several times that evening. If you want to change the word, Mr. Minister, change that one word. I'll do it as a friendly amendment if you want, to rule out such creatures from being able to conduct invasive procedures and from being able to keep patients on an overnight basis.

Let me explain this to all members maybe once again. I don't usually speak my full 20 minutes, but could I ask the Clerk Assistant to give me a two- or three-minute warning, please, when I'm close? Thank you.

This organization called HRG and its predecessors, Hotel de Health -- and there was another one, some inn of recovery. Recovery Inn.

MR. SAPERS: Hotel de Health.

MS BARRETT: I got Hotel de Health. I remembered that one.

What they're all trying to do is to get around the Hospitals Act. The Hospitals Act, which does tie the hands of the minister -- and thank God something does -- prevents him from licensing a private, for-profit hospital. Ergo the introduction of new lingo, bureaucratise, and the introduction of a bill that uses the new lingo to get around the concept of hospital. If you don't call it a hospital, then magically it's not a hospital, even if it can provide the same kinds of services that hospitals do. Now, the reason you can't call it a hospital is because under the Canada Health Act we are bound to recognize that they can only be in the public not-for-profit system.

The purpose of my amendment is to catch, to logically corner the government. I believe I have accomplished that.

I must say that I'm surprised the Member for St. Albert, whom I like at the personal level -- actually, I like most of the government members at the personal level -- would say the kinds of comments that she did tonight, considering she attended

voluntarily a medicare coalition meeting on this very subject two weeks ago. In fact, we sat together on the panel. When some members of the public tried to shout her down, saying, "Well, how are you going to vote?" I said: "You know, it's okay. It's okay. I'm going to lobby her instead to make sure that the government doesn't bring the bill up again." So it surprises me when she accuses me of selective memory on the issue of workers' comp being outside the Canada Health Act. I don't have selective memory. I know and I always say that it is outside the Canada Health Act. I also argue that they're completely crazy for opting for surgical procedures in private, for-profit hospitals, which we know cost more money.

As my colleague the hon. Member for Edmonton-Strathcona pointed out, if you have a private, for-profit model -- and you can't even call it a system -- such as which obtains in the United States, health care costs are actually pretty close to twice as high. Ooh, do I have my little graph with me? Here. Can you search and see if you find my graph while I talk? Okay. Thanks.

We also know, courtesy of the OECD, that the only factor in escalating health care costs between 1986 and 1996, the one single, sole factor in escalating health care costs has been the increasing intrusion of private, for-profit motives in the system.

Thank you, my friend. Oh, darn. It's not the double-sided one.

DR. PANNU: Here it is.

MS BARRETT: Thank you. Here we go. As a matter of fact, public spending on the public health care system in Canada actually decreased by .1 percent in that same period of time.

Let me just give you some facts here in support of my subamendment. This comes from *Just Health Care*. Oh, it's OECD again. Oh, it's that left-wing think tank again. Oh gee; what will you do with these NDP types? Source, OECD 1997. Health spending, U.S. dollars, adjusted for purchasing power parity: it shows that in 1996 we are talking almost \$4,000 per person compared to about \$2,800 in 1990. Canada, which is relatively low on the scale, comes in at just \$2,000 per person in 1996 compared to what appears to be \$1,800, I'm going to call it. I filed copies of this today with the Assembly, Madam Chairman, so we can confirm that my estimates are about right.

Now, the reason I ask not to be quoted selectively is because I know what happened in Britain. I lived there during the first two years of the Thatcher rule. Private, for-profit health clinics were always allowed in Britain. You've heard of Harley Street; right? You've read of Harley Street. Those were those, you know, well-heeled physicians deliberately outside of the national health service. You can go and pay big bucks out of your wallet and say, "Here, doc; tell me what's the matter." In the first year that Margaret Thatcher's government was in power -- and she didn't have to do it by legislation; she did it by regulation -- she enabled private, for-profit hospitals to set up a parallel system to the public health care system. I got there in September of 1979. That happened about November of 1979. The first budget would have been about March 1980, and the first thing they did was slash the health care budget, arguing: "Well, look at all the people who are going to the private, for-profit hospitals. That means we need to put less money into the public health care system." And they're called the national health service.

**8:50**

I say that the most objectionable part of Bill 37 is being appropriately amended by the Minister of Health. However, I know that once private, for-profit hospitals are established, there

is no end to the destruction of medicare in Canada as we know it. This minister might be willing to be a guinea pig and authorize the first of such creatures, but after that, under the terms of NAFTA no further authorization is required. It's wide open. The market rules -- not okay by me in this case -- and anybody can come in and open their private, for-profit to operate a parallel system.

My argument in defending my subamendment is that we need to close the doors permanently on private, for-profit. As a matter of fact, this bill could be further amended, and oh boy, do I have lots of amendments in store, including one that would regain control of the government in terms of the private, for-profit clinics that exist already, including those that have deals with the regional health authorities. I've got another one that would limit the government's ability to deinsure services. You see, if they've got private, for-profit hospitals that are allowed to take care of noninsured medically necessary services, guess what? All the government has to do is deinsure some more services. And by the way, I'm no kid. I'm not as green as I am cabbage-looking. I was here when Marvin Moore starting deinsuring services; okay? I know this game inside out.

THE DEPUTY CHAIRMAN: I would just ask, hon. member, that you will stay in context as to your subamendment, please.

MS BARRETT: Absolutely. Oh, I am absolutely defending it. I'm just giving a little bit of history as well. The Clerk Assistant will still notify me when I'm down to two or three minutes? Thank you.

With this legislation, unless of course the government agrees to all of the other seven amendments I have, all the government has to do once private, for-profit hospitals are licensed -- of course, you can't call them hospitals. Careful of your lingo. Gotta call them "approved treatment facilities" or "nonhospital surgical facilities." Then all they have to do is deinsure increasing numbers of services, and the whole thing gets transferred.

Now, I'd like to point out that increasingly services are being done on a day surgical basis so that patients again remain outside the public health care system. Therefore they cannot be monitored and of course the government is not seeing the cost of overnight stays, overnight stays which I believe are appropriate and should be necessary but because the government doesn't monitor this, it doesn't know that.

Well, Madam Chairman, in defence of my subamendment, which effectively rules out private, for-profit hospitals, despite the semantic attempts to get around the Hospitals Act that rules okay, in my opinion, in Alberta, I'd also like to point out that when I met with the two principals, Jim Saunders and Peter Burgener, of Health Resources Group, they made a fatal mistake. They asked for this meeting. No wonder. Subsequently, the former chair of the Workers' Compensation Board, John Cowell, who asked for a meeting, chickened out. I arranged it. I arranged it like this, and he chickened out. No wonder. Hey, if I was getting a \$650,000 golden handshake from the government and walking right into a private, for-profit clinic as their primary consultant, you bet I'd chicken out of a meeting with Pam Barrett.

Those principals of HRG will rue the day forever that they met with me. They not only gave me a copy of their business plan, which exposed their long-term targets -- not just workers' comp clients, but also RCMP and their families, Canadian armed forces and their families, status native Indians and their families -- but they went on to say, of course, that they wanted to deal directly with the regional health authorities. After all, that's where the real big bucks are, the taxpayers' pockets. They also told me,

fatal mistake -- yes, I'm still speaking on my subamendment -- that the reason they were in this business to begin with was because the government had cut so many hospital beds, 47 percent in Edmonton and 43 percent in Calgary.

So let me conclude my remarks, Madam Chairman, with a reminder of what happened in Calgary a few weeks ago. A \$300 million facility, Calgary General hospital, was blown up. This is one of the remaining bricks.

THE DEPUTY CHAIRMAN: Hon. member, we are not allowed to use props in the Assembly. Remember yesterday?

MS BARRETT: Oh, the CD.

THE DEPUTY CHAIRMAN: Yes.

MS BARRETT: Well, I did use it today, Madam Chairman, and I wasn't ruled out of order, so that's why I thought I could do it again.

It serves as a reminder that when you close hospital beds indiscriminately and in the magnitude that this government did, no wonder people are salivating at the prospect of making money off the taxpayers' public health care system and ultimately breaking it down. My subamendment would prevent that categorically. I would support the rest of the bill if the government would support this subamendment.

I can only say in conclusion that I'm sorry only two members of the Official Opposition chose to participate in the discussion on the subamendment, which I think would have made it very clear . . . [interjection] Well, I mean I'm glad that the Member for Edmonton-Riverview, a professional nurse, did so, and I'm glad that the Member for Calgary-Buffalo did so. But, you know, I would have hoped that more people would speak to what I believe to be the primary amendment in this debate. I can assure the Official Opposition that I'll be speaking to their amendments, provided that those amendments accomplish exactly what we're trying to do with this subamendment, and that is to close the door on private, for-profit hospitals. I know the chair invited the Minister of Energy to participate in this debate because he was speaking while other people were. I'm not sure he will, but if I'm not mistaken, I heard him say: right on; go ahead; I'll vote for this amendment. So I'm looking forward to his support on my subamendment.

THE DEPUTY CHAIRMAN: Okay. Are you ready for the question? Not seeing anyone else standing to speak, the leader of the ND opposition has moved a subamendment to amendment A1 that we referred to as SA1. All those in favour of the subamendment, please say aye.

SOME HON. MEMBERS: Aye.

THE DEPUTY CHAIRMAN: All those opposed, please say nay.

SOME HON. MEMBERS: Nay.

THE DEPUTY CHAIRMAN: It is defeated. Division.

[Several members rose calling for a division. The division bell was rung at 8:59 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Tannas in the chair]

For the motion:

Barrett	MacBeth	Pannu
Carlson	Massey	Sapers
Dickson	Nicol	Sloan
Leibovici	Olsen	White

**9:10**

Against the motion:

Broda	Jonson	Severtson
Cao	Laing	Smith
Clegg	Langevin	Stelmach
Coutts	Lund	Stevens
Friedel	Magnus	Thurber
Haley	Mar	West
Herard	McFarland	Woloshyn
Hierath	Melchin	Yankowsky
Hlady	Nelson	Zwozdesky
Jacques	O'Neill	

Totals:	For -- 12	Against -- 29
---------	-----------	---------------

[Motion on subamendment SA1 lost]

THE CHAIRMAN: The hon. Leader of Her Majesty's Loyal Opposition on amendment A1.

MRS. MacBETH: Thank you, Mr. Chairman. I am pleased to rise this evening to speak against this amendment by the government and the reasons that I don't support it or Bill 37 which is before the House. I think it's important that we look at this issue of private health care. Some will ask: why is it that we can't have a private health care system to pick up any shortfall in the public system? We need only look at the United States to find the answer to that question. But let me back up a bit.

In the mid-1960s Canada took the lead in North America by creating a publicly-funded health care system, giving every Canadian access to medically necessary services regardless of ability to pay. Some were unhappy with the new model, arguing that an insurance plan paid for by the taxpayers would result in substandard care, inadequate compensation to providers or, in rather typical Canadian style, that the matter was a provincial and not a federal jurisdiction. After doing the requisite amount of grumbling, the provinces opted into the national plan.

Alberta certainly did its share of complaining. When the Canada Health Act was passed in the mid-80s, Alberta was the last of the provinces to comply. In spite of the reservations held by many, the publicly funded system flourished, and private-sector opportunities faded. Canadians grew to love their health care system and consider it part of what distinguishes us from our American neighbours. Under the model there was nothing to stop private health care from continuing in Canada except a comprehensive, cost-effective public health care system that met Canadians' needs. The only force that pushes Canadians to consider the private, American-style alternative is concern that the public system may not be adequate to meet their needs.

Here in Alberta spending on health care in the '70s and the early '80s was among the highest in the country, but \$10-a-barrel oil changed all that. From 1987 until the early '90s Alberta's record on spending was the best in Canada, and contrary to the spin put on by other members, our spending control was in fact the best. When the current government took over in 1992, further

cuts of up to 20 percent to health care put spending in Alberta near the bottom in Canada.

As a result, when the public system is shortchanged, the private sector, predictably, starts to sniff around. Entrepreneurs are looking for a market, naturally, and the only way to get a foothold is when the public system drops the ball. It comes as no surprise to friends of the Canadian health care system that the past five years of cuts at both the provincial and the federal level would lead to an opening for the private sector. In fact, since 1992 the share of private funding has risen from about 23 percent in 1992 to over 31 percent today.

Even as far back as my term as Health minister, Mr. Chairman, the private sector tried to expand into Alberta. Approaches were made to the government asking for help to set up a specialized medical service similar to what exists in the United States. The response was always the same: you are free to establish a separate user-pay facility if you opt out of the health care system to do it. The taxpayers of this province would not subsidize the start-up of a second tier of health care in this province.

Until 1993 the private-sector initiatives were limited to specialized niche markets, where a profit could be made without subsidy. In fact, my brother who is a radiologist in Calgary is a partner in a clinic with a privately owned MRI machine. He's not an MRI specialist. He's in fact an ultrasound specialist. When he came to me in the early '90s along with his partners to talk about the potential of setting up a private MRI clinic, I told him, as I had told others, that such an operation was possible only if the operation were completely outside of the government-funded health care system and only if the physicians in his group opted out of the public health care system. In other words, Mr. Chairman, I just said no. In May of 1993, long after I had left as Health minister, approval was granted by this provincial government to that clinic and many others that operate in the private sector.

Up until 1993 the tension between private and public health care was managed appropriately in this province. It didn't satisfy all of the concerns, but it kept Canadians believing and Albertans believing in the public system. The events and the trends of the last six years in Alberta have changed all of that. The government has lost the critical balance through the combined effect of major cuts to funding for services, ignoring the need for planning in the reform of the health care system and avoiding their responsibility to work to improve it, and now this government is at a loss to know what to do. They are tempted to let the private sector take over the job, but the chaos created by unplanned privatization of health care will make the current mess in the deregulation of power generation look organized by comparison.

However, Mr. Chairman, first things first. If our public-sector health care system is operated effectively, the private sector will find its place outside of the public system. It is free to do that. Government's first responsibility is to ensure that the public system is protected and sustainable, not pass legislation to enable the encroachment of private, for-profit alternatives.

Those who promote private health care are those who stand to benefit from it, a few powerful business interests looking to expand their profits. Those who benefit the least are the taxpayers who end up paying more for health care through increased private insurance premiums and user fees. The publicly funded, single-payer system in Canada consumes just over 9 percent of our GDP, compared to over 14 percent of GDP in the United States, where of course many go without coverage. No matter how you look at it, the Canadian system is a model for fairness and for cost effectiveness. In fact many Americans would love to have a system that is as good, as comprehensive, and as inexpensive as ours is in Canada.

9:20

Mr. Chairman, this government talks about support for the Canada health care system, but its actions betray that trust. If we look at the list of actions which have been taken by them since 1993, we can look at issues such as deinsurance of services which used to be covered under health care, the expansion of private clinics, major cuts in funding thus opening up the private sector, 12 principles which have never been discussed openly with Albertans which support a private-sector system, and leading the charge to change the enforcement provisions of the Canada Health Act in favour of the provinces as opposed to being in favour of the people that live in those provinces.

The government's approach in this province is an ideological argument. Some on the government benches believe that there is nothing that the public sector can do that the private system can't do better, except -- except -- for health care. It is cheaper for government, perhaps, to get out of the public health care system, but it is certainly not cheaper for you and me.

The government's approach is simplistic. It argues that this one little change isn't going to make that big a difference. But let's just look at the examples in New Zealand, in Britain, where two-tiered systems were started with just that one little step and within three years a radically changed system existed.

So the question is: who is pressuring the government for this bill? It certainly isn't seniors or seniors' groups in this province. It certainly isn't the opposition. It certainly isn't consumer advocates across our province. It certainly isn't the AMA. It certainly isn't the people, the people of this province who care about the future of the Canada health care system. So who is it? Well, as I said: it's private interests who want a return on their investment. That's their first priority. Naturally they have every right to expect that, but they don't need a government to come along and define the market for them.

Speaking, then, against this amendment. Some will argue that the Canadian health care system has passed its prime, that Canadians increasingly are considering the private alternative, but they only will consider it when the fear is that the health care system won't be there when they need it. What a horrible fear for government to act upon. A fear that says that they were telling Albertans that costs were out of control, which wasn't true. A fear that telling Albertans that private health care will improve service. It's not true. It is in fact this government that's doing the fear mongering, certainly not the opposition.

Mr. Chairman, what about those Albertans who cannot pay the cost of private care? Don't we have a responsibility to ensure that a health care system is there for them? One of the major problems with this amendment and with the bill is that government has completely glossed over the expansion of the private sector during the 1993 to 1998 period, completely glossed over it and jumped right into approving private, for-profit hospitals in this province. It's wrong. The amendment is wrong, and the bill is wrong because it still gives government the right to approve private, for-profit hospitals no matter how they want to spin it, and it still does not require that physicians opt out of the public health care system plan in order to avoid conflict of interest and in order to avoid a leakage out of the public health care system into the private system.

Mr. Chairman, it is clear that one of the most compelling reasons that Canadians will give for being proud of being Canadians is their health care system. It is most often identified as that thing which defines us most specifically. Let others -- let others -- give up on the Canadian health care system and its potential for the future. Alberta Liberals will fight to save it.

Mr. Chairman, I would say that I am not in support of this amendment which the government is proposing.

THE CHAIRMAN: The hon. Minister of Health, on the amendment.

MR. JONSON: Yes, Mr. Chairman, I would like to make some further comments with respect to Bill 37 and the proposed amendments which, I have always maintained and will continue to maintain because it is the case, are designed to give us the ability in this province to protect our very good public health care system.

The first point I'd like to make relates back to some comments made by the member of the third party in the House, the ND opposition. I think it is a rather telling incident and supports what we're doing here. In her remarks this evening she alluded to Hotel de Health, but I happened this morning to become aware of a program on radio, and on that program the leader of the ND opposition was saying very much what she's continually said, which is questionable; nevertheless, she has of course that right.

The interesting thing was that on that program there was contact made with one of the parties to which she alluded to in her remarks this evening, and that is Hotel de Health, which was an issue, an entity here in the province two or three years ago. The statement that was made, which I think is very important, which is quite contrary to the implication of her remarks, was by a spokesman for that organization. He said: there is no way that we can or will come back to Canada with Bill 37 in place. I think that's worth noting. There is no way, Mr. Chairman, because Bill 37 with its amendments prevents that type of thing and allows for control on all that private-sector involvement that people are concerned about.

The second thing is that the hon. Leader of the Opposition this evening relates this matter, I think incorrectly, to reductions in health care spending. Yes, Mr. Chairman, health care did go through a period of reduction as far as overall spending is concerned. During that period of time, though, health care spending received a relative priority with respect to the government's budget. Secondly, she seems to forget that health care spending reductions ended some three years ago. The one thing, of course, she completely forgets is that the reductions of federal Liberal support for public health in this country went down far more dramatically, both in percentage and real terms, than anything that this government did by way of reduction. I think that is something that should be noted.

The other thing that I'd just like to point out, Mr. Chairman, is that there has been some . . .

THE CHAIRMAN: I appear to have several competing people trying to debate at the same time. The only person that's officially recognized is the Minister of Health.

MR. JONSON: The other thing, Mr. Chairman, is that there has been reference in the recent remarks of the Liberal leader, something to the effect that we have, quote, deinsured, reduced coverage, all that sort of thing. I think it is a fact that if you looked over the coverage that we have today in this province with respect to those services, those procedures, those components of the health care system which are publicly supported, you would find that our range of coverage in this province compares very favourably. It is in the second or third place, in most cases the top of any area of this country. So I think that should be kept in mind, too, when this allegation is made about reducing the coverage that Albertans enjoy under our current system.



9:30

Another point I would just like to make, Mr. Chairman, is that I think there was an implication at least in the previous remarks that, you know, back in the '80s and '90s, when somebody else might have been the Minister of Health, everything was great and that today there is a whole host of concerns that were never there before. I just happen to have with me the results of a survey of Albertans which was published in the *Calgary Herald* on December 15, 1990. One of the questions that was asked was: how do you feel about the quality of health care in Alberta in the past two years? Improved: people said 7 percent. Stayed the same: people said 40 percent. Worsened: people said 43 percent. Unsure: 10 percent.

Now, today, Mr. Chairman, according to a survey that we have taken, done by an independent agency, the population lab over at the University of Alberta, for those people using the health care system in this province the approval rating of excellent or good is 86 percent. I'm not being complacent about that. I acknowledge that there are challenges and there are issues and there are problems in the health care system. We do need to work on that. We do need to improve the overall performance of our health care system. We do need to invest in a targeted manner designed to achieve results in the health care system, but I really think we have to put things in perspective with respect to the remarks that were just made.

Finally, Mr. Chairman, the whole point here is that we want to, yes, make sure that we can maintain the principles of the Canada Health Act and, secondly, have the best possible health care system in this province, the best possible public health care system in this province.

Thank you, Mr. Chairman.

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

MR. DICKSON: Thanks very much, Mr. Chairman. I hardly know where to start. We've heard some interesting comments from the Minister of Health, but I want to start off saying something very positive because a lot of the other things I have to say would be seen as being critical. I want to acknowledge how helpful the Minister of Health was to me when I heard a news release last week that the Minister of Health had issued. This was something interesting. The government hasn't done this very often in the six years I've been an MLA. They previewed the amendments they were going to introduce this week. They didn't sort of tell anybody what the text of the amendments was, but they had some very nice explanations. So I'd taken those and I'd looked at them, and I was keenly interested because, as the Member for Edmonton-Avonmore said when he was joining with me in raising concerns on April 2, 1998, about this bill . . .

SOME HON. MEMBERS: Mill Creek. Edmonton-Mill Creek.

MR. DICKSON: Mill Creek. Sorry.

We had a lot of questions about that bill on April 2, and I wanted to see if in fact those questions had been addressed. So I read what the minister had to say, and I saw the thing that had been posted on the Alberta Health web site, and then I saw a further news release that came out the other day.

It still didn't make a lot of sense to me because when I saw the amendments, Mr. Chairman, the amendments didn't seem congruent with what the government represented they were going to do. So I'd asked the minister if I could get some further information,

and he was kind enough -- and I appreciate this very much -- to allow me to meet with Mr. Herb Schlotter, who is the very capable lawyer seconded from the Department of Justice to the Department of Health, and he was able to brief me on the amendments. So I have a much better appreciation. I appreciate the minister's courtesy in terms of allowing that briefing.

But, Mr. Minister, I have to tell you, through the chair, that my concerns have not been allayed. In fact, as I understand this now -- and I want to talk specifically to the A1 amendment. We have two parts, an A part and a B part. So the A part in effect would be -- I think the only way I could describe it is: it's a neutral circumstance in terms of what's currently happening with private facilities, whether it's MRI clinics or the Gimbel Eye Centre, or any other eye centre in the province. All of those centres to my knowledge, Mr. Minister, through the chair, every one of those centres is employing physicians who are enrolled in the Alberta health care insurance plan. So lest any member, the member for St. Albert or the member from the deep south in Calgary, thinks that the A amendment is going to provide some additional bullwarks, some additional protection, going to do something different, it doesn't. All it says is that those physicians working in those private clinics, the ones who are subject to this act, are those who are enrolled in the plan. So if anything, there's a limiting dimension to it, but it doesn't have any measurable impact on the way those services are currently delivered.

Now, the B part of the government amendment is a more troublesome one because this now takes us into the area of the approved treatment facility. So we're leaving aside the eye clinics, and we're now talking about the HRG model. The multimillion dollar, first-class, luxury facility designed to, in effect, provide the same kind of services Albertans have become accustomed to thinking were only provided in an acute care hospital in the public system. So what the government has done is they say and the minister says time after time and he certainly said it in his web site announcement and in his news release -- I just want to take a couple of those elements. The first one is in the Alberta news release that says that "private treatment facilities in Alberta will be prohibited from providing insured surgical services." He goes on to say, "Provided in public hospitals" and so on, et cetera.

In this news release it doesn't mention the major limitation. The major limitation is that it has to be a medical service described in the regulation. So it's not all insured surgical services. I'm afraid some Albertans and maybe even some members in this House are thinking that all insured surgical services are going to be protected. The reality is that the only services that are going to be protected and have to be done in a private facility are those services which come within the definition of a medical service as defined or described in regulations. We don't know what's in those regulations. There's no opposition representation on any committee that overviews those regulations. So the only protection for those people concerned about HRG and similar facilities that are going to crop up in all of these closed hospitals that we have around the province is what may come somewhere down the road in a regulation.

What if the government only chooses five or six surgical procedures to include as a medical service in the regulation? What that means is that the range of what a private hospital like HRG would be able to do would be virtually unlimited. That's the key.

As I tried to say earlier in some comments, remember that those three factors have to happen before there's a meaningful prohibition: it has to be an insured person, it has to be an insured service, but then most importantly, the third element, that insured service must be one of the services described as a medical service

in the regulation. I see that the minister does not disagree with that assessment. So you have to line up all three tests, and I daresay that since we have absolutely no idea how broad, how expansive, or how constricted the regulation and the list of enumerated services is going to be in the regulation, we are entirely left in a position of taking this minister, this government at faith, at trust. Give them our blind trust that they're going to do the appropriate thing by way of regulation.

9:40

You know, what Albertans looked for, Mr. Minister, through the chair, what they signaled last spring when the galleries were packed, when your E-mail pile was growing thicker, your phone message pile was growing even thicker, and all those people wanted to talk to you, was that they wanted some ironclad protection. They wanted some big concrete fences built around their public health care system. What they've got is a porous fishnet that any misguided soul can stumble through. This isn't what we wanted. This isn't what Albertans asked for in the spring. Even with the A1 amendment, Mr. Chairman, we're still left with a pig in a poke. We're not going to know until we see the regulations whether this is a great protection or next to no protection.

It seems to me -- and I'm going to make a suggestion to the hon. minister right now -- that the best thing this minister could do for all of those Albertans that want to believe him when he says that they're going to protect public health care is let's suspend the bill. You have the very bright and competent people in the Department of Health draft the regulation, you take that regulation, and we'll circulate it and we'll put an ad in the *Edmonton Journal* and the *Calgary Herald*. You can have your health summit and you can preview the list of proposed regulations. We can all look, and then we can see whether the protection that was represented to us in your news release of November 10 or in the further news release that came out on November 17 is really there or not. Only you, Mr. Minister, through the chair, know what's going to be in those regulations, and maybe you don't even know right now exactly what's going to be in there. But recognize that that's the key.

So how can we accept this as any sort of protection of our public health care system? We know the enormous pressure that our public health care system is under from those people who would like to expand their private, for-profit opportunities. What we need is not that thin little fishnet that you can slice your way through. What we need are those big 10-foot-thick concrete walls, Mr. Minister, and we don't have them in Bill 37 and we don't have them in your amendment A1.

Mr. Minister, through the chair, you go on to say, speaking to the A1 amendment, in the last paragraph:

Should the College accredit a private treatment facility to provide specified uninsured services to uninsured persons . . .

You go on to say:

. . . the Minister of Health would review the proposal in consultation with experts and the federal Health Minister before considering such a facility for approval.

Now, that's what I was told about February 10, 1998.

You know, it's interesting that the bill doesn't say anything about a panel of experts. The bill doesn't require any consultation with the federal Minister of Health. If those things are important enough to put in a news release to assuage the concerns of concerned Albertans, they're worth putting in the bill. They're worth putting in the bill, and they're not in there. That's a major concern.

The other concern I had. The fact sheet that's been produced by Alberta Health in the second paragraph says:

A new amendment will be added that would prohibit any private hospital from providing insured surgical services that are normally

provided in public hospitals to any Canadian insured under a provincial health plan.

Now, let's think about that for a moment. Is that so? Well, for the reason I mentioned a moment ago, that frankly isn't congruent with the facts of Bill 37 and with the amendment, hon. minister, through the chair. It's not "insured surgical services . . . normally provided in public hospitals." It would be that only if in the regulation to be published at some point, at some future date, that's what you said. That's not in the law; that's not binding on you. If Bill 37 is passed with the A1 amendment, it doesn't say that at all. It doesn't say: all surgical services normally provided in public hospitals. I come back. What it says is those services that you deign to put in a regulation, concocted in secret and announced at some future date. Not good enough, Mr. Minister. Simply not good enough.

Further, what does Bill 37 do, Mr. Chairman? It says that Bill 37 will completely ban

a private treatment facility from providing [insured] surgical services, now provided in public hospitals, to any Canadian [insured under] a provincial health plan.

Not so. Not so, because layered over that, if it's not in the regulation, Mr. Minister, it does not matter whether it's an insured service or not. See, my concern, coming in here, was that the government was going to deinsure a whole range of services. What I found though: the government doesn't even have to deinsure any services. All they have to do in the regulations is do a much smaller list of services than listing all insured services, and you've achieved exactly the same thing without even deinsuring a single service. What it means is that you've opened up the territory to a private hospital. So once again, with respect, sir, that's an inaccuracy in the material that you've produced to allay the concerns of Albertans.

Throughout the briefing note, we see that the minister is going to be bound to consult with medical experts regarding the potential impact and with the federal Minister of Health. There's no such requirement in your amendment A1. So that may well be your intention, and you're an honourable man, Mr. Minister, but you may be replaced. We may be dealing with the current Minister of Energy who may be the Minister of Health, which may be an enormous concern. We may not be satisfied that your successor is as interested in public health care as you are, sir. So, Mr. Chairman, that's just a really significant problem.

I have members in my caucus that have a great deal to say about the perils of private health care, but we should be really clear that the key here, the key that unlocks everything in this amendment and in this statute, is a set of regulations. We've talked how many times in this House about regulations that have been produced and enacted without adequate consultation, without adequate thought, without any public input. Who's going to advise you, Mr. Minister, on those regulations representing the public interest? We know that you'll be hearing from HRG. We know you'll be hearing from the profiteers. We know that those lawyers and advisors who are interested in expanding the role for private health care are going to be lined up knocking on your door, as they are now, I imagine, every day, looking for opportunities. We know that their voices are going to be heard, Mr. Minister. Who's going to speak for the rest of Albertans? Who's going to speak for those Albertans who lose out when we start having a much larger role for private, for-profit medicine, when they have more than one private hospital doing a whole range of health procedures?

So, Mr. Minister, I'm grateful for the chance to talk to your draftsperson, but I'm disappointed at the end of the day because I was looking for a degree of comfort. I wanted to be able to come back to my caucus -- I really did -- and say that you had

created the kind of protection that you and the Premier were talking about. I wanted to come back and say that you genuinely listened to what people have been telling you since April 29, 1998, that you'd responded in a positive way and had built in the kind of legislative framework and protection we wanted. But, Mr. Minister, I regret to tell you that it's not there. It's not anywhere in the bill. It's not anywhere in amendment A1. So we're still back at the starting point in many respects. In many respects we're worse off, because now our only protection of public health care is going to be found in whatever is going to be in those regulations somewhere down the road.

9:50

You know, when the Member for Edmonton-Mill Creek raised those concerns -- and I encourage members to look at *Hansard* to see those serious concerns he raised -- he was worried because physicians and doctors were unhappy with the bill. What he wanted at that point was a guarantee that public health care was going to be protected. I'm disappointed that that member, no matter what caucus he's in, is going to find that the minister hasn't given him and his constituents the guarantee he was looking for.

Mr. Chairman, I was going to sit down, but I see that there are some members -- and this is particularly distressing. There are some members of the front row on the government side -- now, these are the members that have a chance to know most what's going to be in bill initiatives and legislative initiatives. [interjection] Notwithstanding Bill 26.

I'm a bit distressed. We still seem to have even leaders in the government caucus who don't understand that the emperor has no clothes, that this is no protection at all. I hope that the Minister of Public Works, Supply and Services is going to immediately after this session get hold of his colleague the Minister of Health and say: "Mr. Minister of Health, you'd better get those regulations drafted. You'd better share them with me, because my constituents in Stony Plain want to know what kind of protection they're going to have." The Member for Calgary-Foothills, she's got constituents, I know, that also have concerns relative to amendment A1.

Mr. Chairman, I think the Minister of Health is going to be a very, very busy individual. In fact I'm going to suggest a one-week moratorium on questions in question period to the Minister of Health, so he's going to have sufficient time to draft the entire regulation that's going to put the teeth or no teeth in Bill 37. If he comes back at the end of a week and he shows us what that regulation is, why don't we resume debate then, and we'll find out whether this is going to make a difference.

Thank you very much, Mr. Chairman.

THE CHAIRMAN: The hon. Member for Little Bow.

MR. McFARLAND: Thank you, Mr. Chairman. I wanted to just sit and listen to the debate. A couple of things have come up, that different members have mentioned, and it's caused me to reflect a little bit on experience I've had in the past as a hospital board chairman.

I know that some of our constituents have asked questions about Bill 37. In fairness, I think there are a number of people who sometimes get confused on what is insured and what isn't insured, and I think it's important that sometimes we share information. One of the things that I have done in response to queries on Bill 37 with our constituents is to send them information that I feel is very factual and perhaps helps people to understand the debate around Bill 37. Mr. Chairman, I'm going to try to give you an example of what I pass on to our constituents when they inquire as to the amendment that we presently have.

This bill was developed as a result of the concerns of Albertans regarding the potential establishment of private treatment facilities in the province and our government's desire to ensure that such facilities would in no way jeopardize the quality or the accessibility of our publicly funded health care system. This new amendment will strengthen the legislation by totally prohibiting any private treatment facility from providing insured surgical services that are performed only in public hospitals to any Canadian insured under a health care plan.

You know, the minister made reference, in speaking to the amendment, that this government has responded to a number of challenges. I have to reiterate that this government adjusted health care funding when the federal transfer payments were reduced from 50 percent at previous levels down to 14 percent, which is our current share from the federal government. I believe that the member from Calgary-Buffalo talked about consulting with the federal Health minister, that the federal Minister of Health himself indicated this past fall that he had no problem with this bill even before the amendment that we have tonight was proposed.

Currently the College of Physicians and Surgeons of Alberta are the only regulatory mechanism in this province to control the activities of private treatment facilities in this province. Mr. Chairman, I believe that the amendment and the bill itself go a long way to addressing these needs that we have to have one more regulatory method to control any private facilities that people talk about or are so fearful of.

I would like to go on, Mr. Chairman. I would like to sum up this way, by saying: how many of us really realize that when we go to a chiropractor, that's not something under the public health care services? It's not under the Canada Health Act. Nobody thinks twice about going to a chiropractor's office, yet it's a private facility. When I go to the dentist, I'm going to a private facility. When I go to see my family doctor in his own clinic, I'm going to a private facility. If that's what some of the naysayers to this bill are proposing, that we don't even want to have access to chiropractors, to doctors' offices, then perhaps we should have them stand up and say so.

On the other hand, Mr. Chairman, we could bring up instances in 1990. The minister talked about how 43 percent of the people in Alberta said that we needed an improvement. I can remember standing up a year ago September talking about a situation in our own family where our father had been waiting six months for open heart surgery. He died. I can remember distinctly going to an AAMD and C convention when one of the members in this House was Health minister and thanking her for the good health care system we had even then. There were six-month waiting lists, and there was all kinds of money.

Obviously our family was one of the ones that felt we needed an improved health care system. I also told that Minister of Health at that time, who today sits as the opposition leader, that it was great to see the hospital that our father was in focusing on the technology, on the equipment, on the staff with the resources they had rather than building a new facility, rather than spending money on paint. There were cracks in the walls, and I can remember telling the minister that, that it was with gratitude that we had the health care system we did. That was 1990, and I think we've gone a remarkable distance in providing better service since then.

With that, Mr. Chairman, I'd move that we adjourn debate.

THE CHAIRMAN: The hon. Member for Little Bow has moved that we adjourn debate. All of those in support of this motion, please say aye.

SOME HON. MEMBERS: Aye.

THE CHAIRMAN: Those opposed, please say no.

SOME HON. MEMBERS: No.

[Several members rose calling for a division. The division bell was rung at 10:00 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Tannas in the chair]

For the motion:

Amery	Jonson	Severtson
Broda	Laing	Smith
Cao	Langevin	Stelmach
Clegg	Lund	Stevens
Friedel	Mar	Thurber
Haley	McFarland	West
Herard	Melchin	Woloshyn
Hierath	Nelson	Yankowsky
Hlady	O'Neill	Zwozdesky
Jacques	Renner	

Against the motion:

Carlson	MacDonald	Pannu
Dickson	Massey	Sapers
Leibovici	Nicol	Sloan
MacBeth	Olsen	White

Totals: For -- 29 Against -- 12

[Motion carried]

MRS. NELSON: Mr. Chairman, I move that the committee now rise and report.

THE CHAIRMAN: The hon. Deputy Government House Leader has moved that the committee do now rise and report. All those in support of this motion, please say aye.

SOME HON. MEMBERS: Aye.

THE CHAIRMAN: Those opposed, please say no.

SOME HON. MEMBERS: No.

THE CHAIRMAN: The motion is carried.

[Several members rose calling for a division. The division bell was rung at 10:13 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Tannas in the chair]

For the motion:

Amery	Jonson	Severtson
Broda	Laing	Smith
Cao	Langevin	Stelmach
Clegg	Lund	Stevens
Coutts	Mar	Thurber
Friedel	McFarland	West
Haley	Melchin	Woloshyn
Herard	Nelson	Yankowsky
Hlady	O'Neill	Zwozdesky
Jacques	Renner	

Against the motion:

Carlson	MacDonald	Olsen
Dickson	Massey	Sapers
Leibovici	Nicol	Sloan
MacBeth		

Totals For -- 29 Against -- 10

[Motion carried]

[The Deputy Speaker in the chair]

MRS. LAING: Mr. Speaker, the Committee of the Whole has had under consideration a certain bill. The committee reports progress on the following: Bill 37. I wish to table copies of all amendments considered by the Committee of the Whole on this date for the official records of the Assembly.

THE DEPUTY SPEAKER: Does the Assembly concur with this report?

HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed? So ordered.

[At 10:27 p.m. the Assembly adjourned to Thursday at 1:30 p.m.]