

Legislative Assembly of Alberta

Title: **Monday, December 7, 1998** 8:00 p.m.

Date: 98/12/07

[The Speaker in the chair]

THE SPEAKER: Please be seated.

head: Government Bills and Orders

head: Third Reading

Bill 21 Alberta Health Care Insurance Amendment Act, 1998

MR. JONSON: Mr. Speaker, I wish to move third reading of Bill 21, the Alberta Health Care Insurance Amendment Act, 1998.

As members are aware, this particular legislation provides for a modernized and reasonable set of time limits with respect to opting in and opting out of the Alberta health care insurance plan as far as physicians are concerned. It also provides, Mr. Speaker, for a reference to the College of Physicians and Surgeons should there be a dispute with respect to one of those key steps.

Mr. Speaker, I therefore leave it for third reading debate.

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

MR. WICKMAN: Thank you, Mr. Speaker. I'd like to speak on third reading of Bill 21. As has been said before to a certain extent in committee stage when we discussed Bill 21, of course a number of members of this particular caucus said that they felt that the sensible thing to do would be to defer this bill until such time as the panel that is going into place, that is obviously now going ahead, has the opportunity to not only review Bill 37 but also to review Bill 21, which some feel is a companion bill, that the two of them go side by side.

Now, even if it isn't a companion bill, even if it is being dealt with in isolation or separation, which it is right now, we know very, very clearly that the physicians in Alberta and the representatives of the physicians in Alberta are saying that this bill is not appropriate. Mr. Speaker, I think there is a fear not only by doctors but a fear by Albertans in general that if this bill is approved at this particular time, it may be seen as an intentional mechanism to encourage physicians to opt out of the public system and set up a private system.

As it is right now -- I don't have the exact figures -- I do visit my family doctor on probably more occasions than most members of this House. I've had some good discussions with him along with other physicians, but I want to just refer to him first. When I've discussed this bill with him, he has said that 40 percent of family doctors in this province cannot take any more patients because they're working at a maximum. There are a number of reasons for that. One is that a number of doctors have fled Alberta and gone to what they view as greener pastures. I would suspect that for the number of Alberta students who are looking at their future careers, medicine is no longer as attractive in Alberta as it may have been at one time.

Now, for doctors like my family doctor, who is a very, very dedicated doctor, the fear is -- and I'm sure it's shared by others in that same category that can no longer take patients -- that the strain is going to be passed on to them as more and more doctors opt out of the system. In other words, a smaller number of family physicians will be there to handle the family practice matters. It's very, very difficult for physicians, I believe, that have worked in

the field of medicine for years to have patients call them and ask for an appointment and they have to say no, because they didn't train to have to say no. They didn't spend years and years going through a system where they would have to say no to people who desperately need some type of health care attention.

Mr. Speaker, I would hope that the Minister of Health takes my comments seriously. In the last year -- in fact it goes back further than a year -- I've had a little more experience with the health care system than I would like. I've visited numbers of doctors, specialists, and whether you talk about a family physician, whether you talk about a specialist, a plastic surgeon -- it doesn't matter what type of doctor you're talking about. They all have the same concern: that the health care system in Alberta is no longer what it was.

The incentives are gone. They feel down. They're not proud of their work to the same extent they used to be, and when they see this government bringing forward bills that are going to encroach even further on the health care system -- at least that's the perception there -- and make their jobs that much more difficult, they become that much more frustrated. That's why the physicians will come to the opposition, at least to this opposition, and ask for our assistance in trying to get it through the heads of government members that there is no need to proceed with this bill at this time. At least give it a second thought. At least allow it to go to a panel and allow it to be dealt with there. What's the rush? The government has already made the commitment that they are going to set up this panel which will look at Bill 37 and, I'm sure, other aspects of health care. This would be one more.

Again, Mr. Speaker, I think back over the last several months when I spent many, many days and weeks and went through three rounds of surgery, really experiencing that health care system firsthand. To the minister: I compare it to the foundation of a building. If you blow out that foundation, destroy it, a worker can go there with a bucket of cement and try and patch up the foundation, but it isn't going to work, because if the foundation is completely destroyed, it doesn't matter how many pressure points you talk about, how many band-aids, how many slabs of concrete. It won't work. You have to rebuild it, and that's what's happened with the health care system. It has been devastated. It's been brought down to the point where its very foundation has been rocked.

We hear the Premier say: pressure points, pressure points. Mr. Speaker, it's more than pressure points. The whole thing has fallen apart; it's collapsed. The unfortunate part now, the sad, sad part for Albertans is that at this point the government can try and improve it with more dollars, but I don't think we will ever have that health care system in this province that we once had as long as the Conservatives continue to govern. I don't think we'll have it. I think it's been destroyed to the point where it's irreparable to what it was.

At one time, Mr. Speaker, Alberta was viewed as having a health care system second to none. We were proud of it. How long ago? We look back three, four years ago. You could phone a family physician, get in that same day.

MR. DICKSON: Five years ago, six years ago.

MR. WICKMAN: Six years ago. You could phone a specialist, and a week, two weeks later you were in there.

Now people are waiting up to six months to see specialists, and the specialists, some of them, are virtually working around the clock. There is a dedication of those doctors despite what's happening. They try their very, very best, but I believe that some

of them are coming to the end of the road. When you have this type of bill that provides them an incentive to opt out, they can look at an American-style system and say: "Well, we can have the best of both worlds. We can stay in Alberta. We can opt out of the public system, and we can go into the private system and have select patients that we can spend more time with, people that have more money than the average person and can afford that type of health care." They can look at the Workers' Compensation Board, who already pay bonuses of up to \$200 for certain prompt attention.

Mr. Speaker, when we talk in terms of this particular bill, from the minister's point of view, I think the minister is sincere when he feels -- this is the way I read it anyhow -- that this bill will assist in negotiations further down the road with the physicians. In other words, if they don't play ball with the government and they ask for something that the government isn't prepared to give them, then the minister can wave this bill and say: well, you've got the right to opt out if you don't like it. We saw those threats not that long ago when a group of doctors who felt they hadn't been treated properly threatened to opt out. I'm not sure this bill is good, even though the minister could wave it and say: if you want to opt out, this is how you opt out. In other words, why do we want to force physicians or provide an incentive for physicians to opt out of the system? In fact, we want to do what we can to encourage them to stay in the public system.

8:10

When I look at Bill 21, it's difficult to look at it in isolation, because it's one component of a health care system that we see that has been eroded. Some of the stats were pointed out this afternoon. What was it? Roughly 35 percent of the health care system is now privatized. A few years ago it was something like 21 percent. Well, obviously there's a trend, and where is this government going to stop? What's the appropriate number from their point of view? Is it 50-50 or 60-40, or do we go like the Americans and have a system where it's basically a private system, where those that can afford the health care premiums, those that have the dollars can get the type of care they may need and the others simply cannot get the health care that they should be getting.

Mr. Speaker, to the minister. The minister has talked about why he wants to see this bill approved. The minister has made his case, but the minister has never really said why it's urgent to have it passed at this particular time. We're now well into December. If I recall correctly from reading newspaper articles on it, the panel is set to conclude its findings by March 1. That's a little over two months. As we get closer to that festive season, less and less happens, and I don't anticipate you're going to see any action by the panel until the early part of January. So we're talking in terms basically of a little better than two months. What is so critical in this particular bill that can't allow it to be delayed, allow it to be deferred, allow it to die on the Order Paper, whatever procedure it's going to take, that it can't hold until then? I just don't understand.

Mr. Speaker, again, as I start to sum up here, I'd just point out to the minister that in terms of providing a service to Albertans, a service that Albertans depend on, he is probably the most important minister from that point of view. I don't think any minister on that side can have the same impact on the same number of Albertans as the minister who is responsible for Health, because at one time or another all of us funnel into the health care system, not just once a year, maybe half a dozen times a year, maybe a dozen times a year. So the minister has to be very, very guarded in his approach to health care, because he is mandated to protect a system that one hundred percent of Albertans rely on.

Albertans are counting on you as the minister to ensure that the health care system isn't further rocked as it has been in the past, that in fact we do in earnest start to try and repair it, that we start to try and repair it by consultation with those people that are affected. The very first group affected here, of course, are the physicians themselves. They're saying: do not pass Bill 21 at this time. That's what they're telling us. I'm sure that the government members have to have the same message from them. I commend my colleagues in this caucus of opposition for having the foresight to realize that this bill doesn't have to be passed at this time.

I don't understand why the other opposition feels that they don't have a responsibility to hear the doctors of this province. They prefer, I guess, to hold the line with the government party, but that's their business; that's their right. They have to justify to Albertans themselves what they're doing, just like government members have to justify to Albertans what they're doing, just like this caucus has to justify to Albertans what they're doing. When I go home at night and I think back on what happened during the day, at least I know that we put up a fight. I know we put up a fight to protect the health care system.

I recognize that the government, of course, works with limited resources and such, but this is not really a money bill from this point of view. Passing this bill shouldn't be about the bottom line, unless there is a feeling that by encouraging more private doctors, these doctors will set up and bill directly and those people that are of course paying the doctors directly then won't be billing the Alberta health care system. I hope that the government doesn't see it from the point of view that this is a clever way of saving money. I don't think the government does. I give the minister more credit than that. I think the minister is, as I said earlier, sincere when he feels that this would be a negotiating tool when it comes to negotiating with doctors when there are contract disputes, which I'm sure are going to happen further down the road as has happened in the past.

This particular bill will give the minister a great deal of power. There's no question about it. Of course, as we deal with Bill 21, we always know that in the background, in the shadow is lurking the infamous Bill 37. If Bill 21 is passed at this time, is Bill 37 going to be back in the spring session? The minister over there is waving his head yes. Has there already been a determination made that the bill is coming back even before the panel has met? Possibly that is the case, that this panel really isn't going to mean that much, that the government only let Bill 37 die because of the heat they were feeling, and if they can find the rationale to try and get that bill approved in the spring, possibly they will as well, just adding to the decay of the public health care system and encouraging more and more privatization.

Mr. Speaker, there are many of my colleagues who are going to want to speak on this particular motion as to why we don't want this bill to proceed at this particular time. There will be others that will be coming after they've had their discussions with the Prime Minister of the country and such, and we feel it is very, very important. So I would hope that the government will come to its senses and just say: let this bill die on the Order Paper.

On that note, I'll conclude.

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

MR. MacDONALD: Thank you, Mr. Speaker. It's a pleasure to rise this evening and speak to Bill 21 at third reading. I listened with a great deal of keen interest to my colleague from Edmonton-Rutherford and how he cautioned the Minister of Health. I, too,

would like to caution the Minister of Health about Bill 21, ask him, plead with him to say: let's withdraw this; let's have another look at this.

We all know about the blue-ribbon panel that's been struck. If it is the Alberta equivalent of sober second thought into issues relating to health care, well, so be it. I understand it's going to have a look at the implications of Bill 37, so why not the cousin of Bill 37, Bill 21? There are many, many issues that need to be discussed.

Now, I can see the sincerity of the minister, and I can understand from reading this that he increased the time when the opting out procedure is to happen. Many of my hon. colleagues in this House, Mr. Speaker, represent rural areas, and I know only too well from my work in rural Alberta how difficult it is at times to see a doctor, and many, many doctors are leaving the province. I believe in the year 1996 there were over 227 physicians who left Alberta. I don't know what it was in 1997 or so far in 1998, but this is serious. I can see where he's coming from, why he wants to increase the number of days. We look at places like Wainwright, Consort, Rocky Mountain House, Kitscoty: all these places where there is need for a physician. Fortunately for us South Africa has filled the void with a lot of physicians in rural Alberta.

Now, on the news the other night -- I was listening keenly -- they were talking about how this is affecting South Africa. Well, now the physicians in rural Alberta and rural Albertans are in the same boat, so to speak, as the good citizens of South Africa. They are both experiencing a loss of not only professional and highly skilled doctors but specialists. Bill 21 was to address this, but I don't know if it was to address it adequately, because in this province, I believe, there's been only one doctor -- and hon. members in the House may wish to correct me -- in my memory that has opted out of the health care system, and that is in Red Deer. A physician has the right to opt out of medicare; I've got no problem with that. What we have in this province as a result of our health care restructuring, which I may get into in a few minutes, has created a very unfriendly environment for doctors in Alberta.

8:20

We know about the recent negotiations between the Alberta Medical Association and this government and what that has revealed. It has revealed an unprecedented level of discontent among physicians in this province. If we are to attract doctors to rural areas or to small towns, then maybe the fee schedule has to be readjusted and talked about, incentives for on-call doctors and more aggressive strategies to recruit rural doctors. It is increasingly difficult to maintain quality health services in Alberta, and this Bill 21 addresses some of the issues, Mr. Speaker, but not all of them and not the most important ones.

I once again find myself pleading with the Minister of Health to withdraw this bill and have a good look at it. I'm not saying that he should read Bill 21 and think about it maybe over the short Christmas period, but he should look at this between now and whenever the new session starts, hopefully in February. This is the right thing to do to calm the fears of the Alberta public, because we know that the Alberta public has a great deal of apprehension about the present delivery of health care in this province.

I hope, Mr. Speaker, that we are not setting the stage with this Bill 21 for further private health services in Alberta. The government may be using this bill to entice physicians or give them a reason or give them an avenue to explore opting out for the lucrative options that specialists or other physicians may have. We all know how medical technology is changing, and suddenly if I'm in the health care system working within medicare and there is a

technique or a procedure that is developed and it is not on the insured list, well, that may be the incentive that I need to leave this system and go into the private system, because I know that that is not going to be on the insured list. We have to be very, very careful of this, and Bill 21 unfortunately does not recognize this.

Now, as more physicians choose to opt out, Mr. Speaker, there needs to be rules concerning how they opt back in and the time restriction limitations imposed. We've discussed this a little bit, but I have so many concerns about the technological advances of the medical system, and they're not addressed in this bill, and if the minister and his officials could look at this, I would be very, very deeply grateful on behalf of all of the constituents that I am pleased and proud to represent.

MR. DICKSON: And all Albertans.

MR. MacDONALD: All Albertans but Edmonton-Gold Bar in particular. We have an unusually high number of high seniors.

MS BLAKEMAN: I have more.

MR. MacDONALD: I'm told that Edmonton-Centre, Mr. Speaker, has even more seniors than Edmonton-Gold Bar. In Edmonton-Gold Bar 18 percent of the electorate are seniors, and they are very keenly interested in all bills presented by the hon. Minister of Health.

Now, this legislation, Mr. Speaker, is an acknowledgment on the government's part that the public health system in Alberta is in disarray and that the doctors must be legislated to remain in the public system and that the interests of Albertans need to be protected. That last phrase I applaud. I applaud the minister, and I believe he is sincere in protecting the interests of Albertans, because they want a publicly administered health care system, and this bill with 180 days, a half a year, we're in the system and the next half a year, well, we may be out. This is not good for rural Alberta. It's not good for the seniors in Edmonton-Centre, and it's certainly not good for the seniors in Edmonton-Gold Bar. The number one issue -- the number one issue -- is health care.

Now, Mr. Speaker, Bill 21 had many, many different legislative ideas, but the Alberta Medical Association we know is unhappy that there was no discussion with them in the development of this bill or in the development of any of the amendments that we talked about earlier. This is another reason why I would advise the minister to exercise caution and withdraw this bill and have another look at it. The doctors have expressed concerns that this bill will fail to prevent specialists, such as dermatologists, from opting out of medicare when times are good and opting back in when they are having trouble with their income.

Now, this is getting back to what I had discussed a littler earlier, but I was discussing it under conditions in rural Alberta, where we cannot afford to lose one more doctor, and all hon. members of this House know that. This Bill 21, as I understand it, gives the minister the power to recover extra billing charges from doctors and return the money to the individual who paid it or to withhold payment to a physician when extra billing is occurring. Well, that's a very good idea. There are some good things and there are some bad things, and we must have another look at this bill.

Now, Mr. Speaker, we can talk about health care, and health care is Alberta's greatest advantage, but whenever the public sees Bill 37 and then they hear us talk about Bill 21, there are many, many different ideas and opinions on this Bill 21. Bill 21 in its present form -- and as I said before, there are positive aspects to it, and there are negative aspects to it, but it doesn't live up to

the responsibility that we have to every Albertan to become active in saving our health care system. We must save this health care system. I believe this government is trying to destroy our publicly funded health care system, and it is our responsibility as loyal opposition members to try and save it and to convince this minister -- he did the right thing with Bill 37 and the blue-ribbon panel, and now he's going to do the right thing, hopefully, with Bill 21.

We must listen to the people who are truly interested, Mr. Speaker, in maintaining the quality of health care today. That has not been done. The consultation process has not been as extensive as it should be. The individuals who are delivering health care to Albertans are saying: enough is enough. I urge the minister to stop and listen to them one more time.

Now, there has to be communication. We can say: talk to your MLA. I'm sure so many of my hon. colleagues in this House hear from their constituents all the time, whether it be about the long drive to Edmonton or Calgary or Grande Prairie or Lethbridge or Medicine Hat to see a specialist. If you're a specialist and you have a look at this bill, you might be calling your travel agent. We do not want this, Mr. Speaker. We want a stable, accessible health care system, and this bill in its form does not do that. I would urge all citizens of the province in their communications to have not only discussions with their MLAs or other local officials but attend town hall meetings, rallies, or presentations and speak out on the topic of health care and speak out on the topic of opting in and opting out of the system as we know it in this bill.

We must educate our family, our friends, and other members of the community. Many individuals feel that there is nothing wrong with the system since they have no contact with it, but in Edmonton-Centre, where there's a high degree of seniors, in Edmonton-Gold Bar, where there's a high degree of seniors, we hear every day of the trouble with the health care system in this province. It is an experience that I'm learning firsthand, and hopefully the minister in the time of his watch will work diligently to correct all the problems that have occurred with the health care restructuring.

8:30

Now, one of the problems -- and it's certainly not going to be addressed in this bill -- is the issue of red alerts in the city of Edmonton and Calgary. Mr. Speaker, five of the active care hospitals in this city can be on red alert at one time. Are there enough doctors to go around? I don't think so. The red alerts mean that you must find another hospital. So if a person is in an ambulance, their family is upset -- they're probably following the ambulance, and they're going from one centre to the next. This is not restoring confidence in the system.

Another example I can think of that's urgent and is not addressed in this bill is the issue of the lack of long-term care beds in this province. There's not a regional health authority in this province that is not feeling the pinch when it comes to finding sufficient beds for continuing care. What this bill is doing to our seniors and their families and indeed entire communities is worthy of debate because Bill 21 doesn't address this. It doesn't address the issue of long-term care beds and what it means to the entire health care system and the availability of doctors. We're not answering that crucial question with this bill, Mr. Speaker.

Now, the waiting lists in this province. My hon. colleague from Edmonton-Centre probably has the same problem I do. People want access now. They don't want to have to wait for six months or eight months. If they're a senior particularly, their condition deteriorates. It can deteriorate so fast that a six-month wait can be the difference between a comfortable life or living in

agony and with pain. The waiting lists in this province for needed surgeries and appointments with specialists are some of the longest in Canada.

I talked about Edmonton a little earlier. Now, Mr. Speaker, I would like to mention Calgary. Nine out of 10 Calgary family doctors who responded to a survey a few weeks ago stated that their patients faced an unreasonable delay in getting to see a specialist. Heart patients needing urgent attention wait an average of two months compared with a one-week optimum wait. Now, is Bill 21 going to calm people's fears? I don't think so. Patients hoping to see neurosurgeons for a routine visit are waiting an average of three to six months instead of an optimum of one to two months. People waiting to see a psychiatrist must wait up to seven months I'm told. This is not an example of safe, accessible, and effective health care.

Health care professionals are fed up with all this indecision. This government ignored them when their restructuring agenda began. Now these concerns are again rising, Mr. Speaker, to the boiling point, and Bill 21 is not cooling things off. Last winter we had nearly 500 community health nurses and other health care professionals ready to walk off the job in two separate health authorities. Doctors are threatening, and this concerns me. If there isn't enough money being put back into their system, they will be forced to start throwing people in the hospital because of the lack of community resources. This government needs to address all concerns, not only of doctors but of other health care professionals immediately before further problems develop.

With Bill 21, Mr. Speaker, we're in the health care system for 180 days; we're out for 180 days. What's this going to do for home care waits across the province? What's it going to do for mental health beds? We all know there are very few in the larger centres. How are the regional health authorities going to deal with this?

The result of all this restructuring, Mr. Speaker, the result to date of the across-the-board cuts to health care has been that we now have longer waiting lists, people who are unable to receive emergency care when it is required, the elderly who are forced to endure very difficult circumstances, both at home and in health care facilities, and, as I said, health care professionals who have little choice but to leave the province in search of employment. This kind of health care reform may save money in the short run, but the costs in terms of suffering and personal misfortune will be felt by more and more as these budget cuts continue.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Minister of Justice and Attorney General.

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. Pursuant to Standing Order 47(1) I move that this question be now put.

Speaker's Ruling Previous Question

THE SPEAKER: Well if all hon. members would take out their Standing Orders and refer to 47(1). Standing Order 47 says:

(1) The previous question, until it is decided, shall preclude all amendment of the main question. The previous question shall be in the following words: "That this question be now put".

(2) If the previous question is resolved in the affirmative, the original question shall be put forthwith without any amendment or debate.

If all members would refer to Standing Order 41: "When a motion is under debate, no motion may be received except" -- and you go down to (d) -- "for the previous question."

So this seems to be the day for parliamentarians to come to the

fore. We had a hoist amendment earlier today, we had a recommit-tal amendment earlier today, and now we have a procedural suggestion under Standing Order 47(1). It simply means that we will now proceed with the debate as it is outlined. It means that no amendments may be put forward. It means that all members who choose to participate in the debate may participate in the debate, including those hon. members who have already participated in the debate on third reading of this particular bill. When the debate is concluded, the question shall be called. If the question is in the affirmative, we will immediately go to the call for the question on third reading. If the procedure under Standing Order 47(1) is defeated, then the call and the question for third reading cannot be done on this day.

We will now proceed.

The hon. Member for Edmonton-Centre.

Debate Continued

MS BLAKEMAN: Thank you, Mr. Speaker. I'm delighted to jump into the energetic debate being put forward by my colleagues on third reading of Bill 21. I have had an opportunity to peruse the bill again and notes and *Hansard*, and there are a few points that I would like to raise in the context of third reading; that is, examining the impact of the bill. How's the power of the province exercised, and how does it further the interests of both the government and of the public?

One of the first and most obvious things that struck me about Bill 21 in my first and second and third reading of it and in going over it is that it is a bill that attempts to control the job action and the behaviour of a group of professionals in this province, with legislation. I'm afraid that joins a long list of controls that this government has put in place to, as some would call it, union bust but certainly to try and control the limitations they have on professional or trade organizations as they try and manoeuvre and jockey for better reception both from the government and getting a better deal for their members.

8:40

I note that the opting out provision has been used as a tool, some would say a threat, as an attempt by physicians in this province to be successful in their negotiations with government, and I don't know that that's a bad thing. I think getting all possible sides aired and encouraging all sides to stay at the table and consider new possibilities is a good thing. So trying to take that tool or that opportunity away from a group of people, in this case the physicians, I don't think is an honourable way to deal with a professional group. As I say, it continues a long history of the way this government deals with organized working groups in this province, and it's not one I'm proud of.

I note that the AMA has said that Bill 21 conscripts doctors. They have made it quite clear that they are not approving of this legislation, and they feel that it's being imposed on them. So that's an impact that I think needs to be considered, that the group that is most concerned by this feel that it is being imposed upon them with a heavy hand. Is that really what we want to be seeing? Is that really the way we want a professional group in our province to have defined as their relationship with government?

One of the impacts of this bill, I think, is that it furthers what at times have been acrimonious relationships between the government and the doctors or the AMA, and that is no small thing. We need doctors. They are trained professionals. There really is no other group that would replace them. We do need to have doctors working in this province. It doesn't help us when we have groups like this at loggerheads with the government or frankly getting so angry with the way they feel they're being treated that they're

leaving the province for that and for other reasons. I think that should be taken into consideration.

I think the other side of this bill that has a tremendous impact is the whole issue of private health care, Bill 21 being a companion piece to Bill 37 and moving us further down the road to private health care, the two-tiered system. There's a lot to be said on that around what is being proposed in Bill 21. I think one of the things that has struck me the most is that I see the public questioning the government's credibility around both Bill 37 and Bill 21, and I don't think that's a good thing. As much as I believe in open debate, I am distressed to see the public bring that lack of credibility to the fore and be so pointed about how they feel this government is handling precious health care. I think that does not bode well for us.

One of the things that definitely stood out for me was: why did we start this bill in the first place? You read through, and it says that one doctor has opted out in Alberta. You think: gee, is that the reason that this entire bill came into being? The impact of this entire bill is on one doctor? Is that responsible legislation? Is that responsible lawmaking in this province? You think: well, that can't have been what the government intended, to beat on one person. They must have believed or foreseen that there were going to be hundreds or thousands of people opting out if they would need to put that kind of control on a professional association, a group of professionals in this province. Well, why on earth would they fear or believe that thousands of people would be rushing to opt out of the system? There are a couple of possibilities there. I don't wish to move into too much speculation there, so I'm trying to go off suggestions that I've seen or indications that I've seen.

Why would they believe so many people would want to opt out? Well, we've now had a four- or five-year history of increasing cuts in health care, increasing concerns raised on behalf of the patients, on behalf of the doctors, on behalf of the nurses, on behalf of all the health care professionals that are working in that system. Is it so bad that people would throw their hands up and go, "I just can't work here anymore; I have to leave this province, it's so bad."? Is this the impact that this bill was trying to address? It's possible. We've certainly heard all of those conditions being raised.

The other side of that is: is this paving the way so that we can have a two-tiered system? It is indeed attractive for physicians to be either moving back and forth between the private system and the public system or encouraging doctors to move out of the public system directly into the private system and never come back. We know from the information we've heard in this Assembly and elsewhere that as you have the call of the money and other perks that you're going to be getting in the private system, you get some of the best doctors moving over there. They're paid more, and you end up with a second-class public system. Is that what was the impact of this bill? Is that how the power of this province is being exercised?

My colleague from Edmonton-Gold Bar has mentioned several times and paid tribute to the senior citizens that live in my riding, and I thank him for that. Indeed, I do have a lot of seniors that live in my riding, and I had the opportunity to speak with quite a few of them on Saturday, as I sponsored our annual Christmas party and had over 210 seniors attending a Christmas program. Quite a few of them spoke to me in the reception afterwards, as they're wont to do, and I was very pleased to hear from them. One after another after another came up and said: "Don't let go on that health care. Keep going on the health care. We're really worried about the health care, Laurie. You keep after them on the health care." Some of them mentioned specifically Bill 37, and I think what is being proposed through Bill 21 is a companion piece to Bill 37 and has to be considered in the same discussion with it.

Some of my other colleagues have proposed postponing this bill and taking it into consideration with the health summit and/or sending it to the A-1 -- to the blue-ribbon panel. Sorry; there are so many different panels that it's difficult now to figure out exactly which one you're talking about today. The blue-ribbon panel is another place that this bill could be sent for consideration before being brought back before this Assembly and before the public or perhaps not being brought back, which is the other possibility. The government I don't think can say there's been good consultation with the public around this entire issue.

So how is the power of the province exercised in this bill? Well, we've talked already about both the public and the professionals from this sector working against the government, which is, as I've said, not a situation that I am pleased to see. I don't think that is a good sign. I don't think it's a sign of health in our political or in our health care system when you have both the recipients and the providers of a system in absolute opposition to the government. What is being proposed in Bill 21 leads into that and impacts on this relationship.

I am very troubled that there was no consultation or that the AMA feels there wasn't adequate consultation in developing this bill. They certainly don't feel that it furthers the interests of their group, and I know, as I've mentioned, the seniors don't feel that it's furthering the interests of the senior citizens around health care. So I have to assume, then, that it's furthering the interests of the government, and it hasn't been clarified how, in furthering the interests of the government, that is furthering the interests of the public when we look at this bill.

8:50

So Bill 21 appears to have been created in a vacuum, and once again I will question and I look for reassurance whether the constitutionality of this bill has been checked. Has it been run through that sieve? Are we going to have any trouble with that, where it comes back as a constitutional challenge because it can be challenged by what's under the Charter? I wonder if there's anything under a right to work or under mobility rights there. Again, I think it's incumbent upon us as legislators to make sure that this is the case before the legislation is brought here. Now we're talking about it in third reading. I trust that this has been looked at and that we are not going through this exercise only to produce legislation which is in fact not constitutionally secure.

How is the power of the province exercised in the implementation of Bill 21? My colleague from Edmonton-Gold Bar spoke about rural practices. I am not reassured, in the reading of all the debates over this bill, whether the government is exercising its power in a way which promotes rural practices. We know that it's very difficult to get people into the rural areas. There are now incentive programs I understand. They're still not being entirely successful, and now we have a bill that's saying: that's okay; you can opt out, or maybe you can opt back in if you don't like that. I know that the rural areas have tried very hard to convince the government that they need assistance and they need a new look at this, because what we've been doing is not being as successful as it should be.

We have noted that 40 percent of the doctors say they can't take any more patients, and I am particularly interested in two other things which are impacted as a result of this bill. Everyone is aware of the job action that was threatened by the obstetricians and gynecologists, and indeed I think there are amendments that have happened in this bill that are quite specifically to preclude that sort of job action being able to take place. I started out by speaking of that because I think it is a movement on behalf of the government to control job action, which I just do not believe in.

I think it's wrong. It's interesting, because we know that in certain sectors of medicine we have fewer and fewer people going into them. I know one of those sectors is obstetrics and gynecology, so how is this bill impacting on that fact? We have fewer people going into that. This is now saying: opt in, opt out; we will control you; we will control your job action. That is not helping us, and we still have not managed to cover midwifery services under health care, so there isn't even any help coming from there. I do urge the government to examine that yet again because I think that would be a good partnership, between obstetricians and gynecologists and midwives. Thank you for that little detour.

We know, as more women move into the practice of medicine, that they are less willing to work those killer hours. They are less willing to work the 90- and 100-hour weeks. They want to spend more time with their families. As a result -- I'm trying to remember all the details of the article I read -- that has quite an impact on this bill and vice versa. If you have fewer people going into medicine and those people are willing to work fewer hours, you should be creating a demand for more doctors there. But people aren't willing to go into this profession anymore when their job action is being restricted, the liabilities are very high, and we're moving into a two-tiered system. I think we are not dealing with the future that's in front of us, and that is the changing kinds of people that are going into various sectors of -- what's it called? -- different kinds of medicine that are practised, different areas . . .

MRS. SLOAN: Specialties.

MS BLAKEMAN: Thank you. Different specialties. Those statistics are available to us, yet we have a bill like Bill 21 that doesn't seem to be dealing with it. If anything, it's exacerbating the problem.

So we have a blue-ribbon panel that Bill 37 is being referred to and that I have already stated I think Bill 21 should be referred to. We have 31 percent of the money spent on health care spent on private health care now. We are not examining the changes that are happening in this sector and moving with it. We seem to be saying: no, we want it to go backwards, and we will put more control in place. The cuts and the changes that have happened in the health care system in the last five years I don't think have moved the practice of medicine and the state of health care in the province forward at all.

Once again, when we've looked at what the impact of Bill 21 will be, I think there are a lot of areas where this government has a responsibility to either pull this bill back and look at public consultation that is -- and people always use the words "real" and "meaningful". What does that mean? It means that people get a chance to come out and get information provided to them which gives them a fair idea of both sides of what the debate is, and they're allowed to participate in that debate. Democracy is a cumbersome beast. It is time-consuming and can be very difficult and very frustrating at times, but ultimately it's worth it, and I think we get a better system, better legislation, better laws, and better people as a result of it. To preclude that discussion with the public is arrogance on behalf of the government and I think shortsighted. We're missing capturing the wisdom of the people who are out there. In this case, with Bill 21, we have missed capturing the wisdom of the very people who work in that sector, in that there was very little or no consultation with the AMA or with the physicians themselves.

So this bill is impacting negatively, I think, on the health care system. I don't even want to talk about regulations for implementation of this bill because I don't see how the regulations can

improve what we're looking at and what has been suggested here, and I'm really disappointed in this. I look to this government to be leaders in this area, and I encourage the government to include what is being proposed in Bill 21 in the considerations of the health summit, which I understand is early February, with this blue-medallion, blue-ribbon panel. [interjection] Yeah, it sounds like one of those big ribbons that you pin on the bull that wins.

Thank you for the opportunity to speak to this, Mr. Speaker.

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

MS PAUL: Thank you, Mr. Speaker. Actually, I'm quite pleased to stand and speak to this bill again.

MR. HAVELOCK: Oh, you are not.

MS PAUL: As the Justice minister pointed out, I am very delighted to speak to this bill. There have been a lot of really good and strong points brought up by my colleagues previous to my standing to talk about the bill. The hon. Member for Edmonton-Rutherford pointed out a lot of the concerns that I, too, have had with respect to the health care system. Unfortunately, I had to take part in the mechanics and the happenings of a hospital not too recently and saw that there are certainly many, many inadequacies in our health care system. And I think, Mr. Speaker, we have to look at the implications of bringing a bill such as this forward. The atmosphere in Alberta right now is very, very unfriendly towards the medical profession, whether it be doctors, nurses, anyone in the health care profession.

9:00

I can tell the story of my daughter-in-law who is a four-year university graduate with a degree in nursing who spent a year and a half looking for a job in this province. She passed with honours, top marks in her class, yet there just wasn't an opportunity for nursing in this province, and many colleagues that graduated with her have already gone to the United States.

MR. DICKSON: What a loss.

MS PAUL: It is a loss. It's a terrible loss, and we have to really make the atmosphere for the medical profession in Alberta friendlier.

I believe with legislation such as this that the minister is in fact dictating to physicians what the criteria would be if they were to opt out of the health care system and then opt back in. When you think of physicians nowadays and specialization and the family practice and all of these clinics piping up, unfortunately we look at how lucrative it is to be in a specialized field as opposed to being perhaps under the umbrella of medicare. I think, Mr. Speaker, it speaks ill of this government at this point to enforce such a bill as Bill 21, to have it pass and have very little debate or consultation either from the AMA or to wait until the consultation process takes place in January and February, and it's been referred to by many of the colleagues previously. I think it behooves this government to just hold off. I mean, they saw the light. They did the right thing, the honourable thing. They pulled 37. So do the honourable thing. The minister should pull 21 as well.

When you're in the consultation process, Mr. Speaker, that can be included. Why not? Let the people of Alberta see that the government is at least trying -- at least trying -- to have consultation, to have input by the public, rather than sort of a dictatorship. The opposition stands up and we discuss. I'm a

new MLA and we discuss and we discuss and we oppose. We tell you what is happening in our constituencies. We discuss the bills. We discuss motions. We do amendments and we're always defeated. We want open debate. I want to know what the minister of the environment thinks about this bill. He never stands up. I never hear from him. I don't hear from him.

Speaker's Ruling Criticizing Members

THE SPEAKER: Hon. member, it's rather inappropriate. Hon. members in the Assembly may choose to participate when and if they wish. It is not negative on their part if they choose not to participate in this particular debate. We've had members in this Assembly in the past who participated in every debate. It was the same speech in every debate. That is not a reflection of the quality of participation or anything else. So it would be rather not very nice to cast aspersions on anyone else if they choose not to.

MS PAUL: Sorry, Mr. Speaker. Of course I would not cast any doubt on the credibility or the intent, but I do think it would be appropriate to have a sense of debate in the House.

MR. DICKSON: Yes. That would be refreshing.

MS PAUL: That would be very refreshing.

Debate Continued

MS PAUL: Anyway, getting back to Bill 21.

THE SPEAKER: Just the subject.

MS PAUL: Just the subject. Yes, Mr. Speaker, I'll deal with the subject. As I said before, I think this government has made a very, very unfriendly environment for doctors. Recent negotiations between the Alberta Medical Association and the government have revealed an unprecedented level of discontent amongst the doctors. That just speaks very loudly that we are in crisis in health care. Doctors assert that without fee increases, if they can't increase the fees, incentives for on-call doctors -- I mean, there aren't any -- and more aggressive strategies to recruit rural doctors, it is increasingly difficult to maintain quality health care services in Alberta. It's just impossible. You cannot continue without looking at the broader picture, the bigger spectrum. It has to be addressed.

This bill sets the stage for further private health services in Alberta, and the government has made opting out a lucrative option for physicians. Naturally they're going to opt out. I mean, if the dollars and cents are there, that dictates everybody's motivation nowadays, including the government. So why not physicians? Why not people that are in the health system? As more physicians choose to opt out, there needs to be rules concerning how they may opt back in and also time restrictions and limitations imposed.

Well, Mr. Speaker, while the bill does address some of these issues -- there is a time frame for applying for the opting out and a time frame for applying to opt in. I mean, it's an ippity-oppity bill. I think it actually goes too far. It is way too far. It's too restrictive, a dictatorship connotation. It removes the right of physicians to opt out of medicare, making it subject to the dictatorial control of the government and, I do believe, a government that has proven to be unfriendly to the doctors of this province, and they blatantly committed to creating a two-tiered, private, for-profit health care system in Alberta.

I think, Mr. Speaker, we all are very, very concerned about the

private, for-profit health care system that seems to be the direction that the government is taking. We have spoken to that issue on many, many occasions, and I think it really, really needs to be addressed. That's why I think Bill 21 should wait until the consultation process does take place in January or February. I think that it really just makes perfect sense. I mean, it doesn't make sense not to. It's irrational.

MR. DICKSON: What's the rush?

MS PAUL: The hon. Member for Calgary-Buffalo said, "What's the rush?" What is the rush? Why do we need to put this through right now? I can't find anything in the bill, in the research that I've got that indicates that there has to be a rush. We have one doctor -- one doctor -- out of over 4,600 doctors in this province who has opted out. I mean, does it make sense to put in legislation, to waste the time of this session discussing Bill 21 when all we have to do is have the bill pulled, get on to meaningful discussion on other legislation that is more important, not that I'm dismissing that health care is not important by any stretch of the imagination, but I don't think this has to be addressed at this time. With the review that should take place with Bill 37 and the input from Albertans, not just us sitting in the House -- I haven't had a chance to talk to constituents. We're doing general meetings, constituency meetings. We need input from Albertans. What do they think? What would they think if they went to their doctor who has opted out -- they're not aware of it -- and all of a sudden they have to come up with coin when you see the doctor. I have four doctors I see. I can just imagine what costs that would incur if that happened to all of my doctors. Everybody in this House, hopefully, doesn't have that slew of doctors that they need, but health is very, very important. If you don't have your health, you have absolutely nothing, and if you don't have doctors to attend to your health needs, you have nothing. Mr. Speaker, it is something that absolutely has to be addressed by all Albertans, not just a select few.

We can't discuss health care without looking at the health care of the elderly, people who are getting older in our society. They go to a family doctor. They continue on with that doctor for years and years and years. Let's say that the doctor is seeing a brighter light on the horizon and saying: "Okay. Now, I am no longer going to continue doctoring the elders. I'm going to opt out, and I'm going to start charging a fee." I think that would be devastating to most of our elder citizens in this province. They don't have somebody to stand up for them, to maybe champion their cause with their doctor. The doctors have the choice. They have the option, even though I'm not sure at this point whether they should even be looking at it. I think it's up to the College of Physicians and Surgeons. They're the ones that should be responsible to govern the physicians and not the minister. It shouldn't be something that is dictated through this legislation, and I keep making reference to that word, Mr. Speaker, because that's unfortunately how I view it.

When I looked at the bill and read through it a number of times, I really wondered: what problem is Alberta Health trying to solve? Like, what is the problem that we are going to solve with this bill? Quite often when you have bills that come to the floor of the Leg., they address a major concern or a consensus of Albertans who en masse, as they did with Bill 37, come to the Legislature. They displayed their displeasure. They had time to connect. They had time to talk about the bill. Whereas, Mr. Speaker, with Bill 21 we have not been privy to that time frame. We have not been privy to promote the merits or lack of merits of this bill to the residents of Alberta, and that's why I and all of my colleagues keep bringing up that it should be polled. It should be polled and discussed in further consultation.

9:10

I think, Mr. Speaker, that when you talk to physicians, most of them do not want to opt out. Rather, when they talk about opting out, they actually see it as a tool to express the displeasure they have with the underfunding and mismanagement of the health care system. I think that, too, has to be addressed. A few doctors, the four doctors that I've mentioned that I see, prefer not to have the option of opting out of their practice. They feel that they want to do the best job they can. This legislation, as far as they're concerned, is not necessary. It needs more consultation. It needs more discussion. It needs time to have the impact and to have the process that Bill 37 went through. The Minister of Health did the honourable thing and pulled that bill, and that's exactly what should happen to this one.

I think a lot of people have the perception that Bill 21 is actually in support of medicare, but this is really not true. It rings very, very hollow in light of the government's fiscal undermining of Alberta's health care system over the past five years, along with the resulting chaos and reduced accessibility to quality care. That, Mr. Speaker, in essence speaks volumes with respect to this bill. The fiscal undermining of Alberta's health care system has been noted by, as I said before, the hon. Member for Edmonton-Rutherford, as well as the experience that I had in the hospital very recently. I've heard horror stories about shortcomings in the health system on a personal level and at the constituency level. I've had constituents phone and say that the health care system is in major crisis, and I think it would be unfair of members in the opposition, both sides of the opposition, to not express these concerns to government and to make sure that their concerns are addressed as well as can be expected.

Mr. Speaker, I really don't understand why we need this bill at this time. I've brought that up on a few other occasions, and I still will go back to it. I think that at this time it should be pulled and it should be in full consultation with Bill 37.

Thank you very much, Mr. Speaker.

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

MR. GIBBONS: Thank you, Mr. Speaker. I'm pleased to stand to speak to Bill 21 this evening. Some of the items that I looked at as I was perusing it: why a hundred days' published notice? Is it fair, given that the physicians are not the employees of the Minister of Health? Is there a provision which would allow a physician to opt back in after an abridged time period in circumstances such as remote communities' desperate shortage of doctors? Just who are physicians groups representing? Is the bill a companion to Bill 37? If it is, why don't we just park it right now, give it to the committee, and let them come back. You know, they might even park it forever. Why do we need this bill now? I question this government's plan and insight. Can't we wait for a consultation by the blue-ribbon committee. One of my close friends, a past MLA that sat in here for many years, told me this morning at breakfast that maybe we should call it the blue-blood committee, nothing else.

Why wouldn't we want physicians in this province? We're tremendously driven into very much of a shortage of doctors. Why would we want to chase them away? Why would we want to treat them like this? We wouldn't be very smart to speak out, like the third party in this Assembly, against doctors. We're the Official Opposition, Mr. Speaker, and we do respect them. We respect them as being in private enterprise. They're actually out there; they're the ones that are actually turning the wheels in a lot of cases.

I personally lost one physician in the past year, who decided to forget and give up on his province and country of birth and leave our country to someplace where he hopes that maybe he'll have some respect, respect in the fact of not only money but a better life, if you want to call American dollars, you want to call American taxes, personal debt pay-down. [interjection] I might be able to argue with that one too.

Our young graduates in medicine are opting to leave Alberta before hanging their shingles. They're being offered their educational debt paid for, help with a residence, but most of all, some respect. Mr. Speaker, in one of my tours this year I was down in Pincher Creek and talking to the doctor there, who is up in her 60s. She had just finished interviewing quite a few doctors, trying to get them down into that particular area to help out. She was hoping that one of these days she's going to be able to retire, but you know she was having no luck, because everybody she talked to, the young physicians, were heading south, south of the border to the United States.

Mr. Speaker, I'm a representative to this Assembly for the constituency of Edmonton-Manning. Isn't it a shame when an MLA is being lobbied on a frequent basis for help to get into the hospital because of the waiting lists. We listen and we hear of a lot of results coming in saying that the health care in this province is great. Well, believe me, once they get past the waiting period and once they get into the hospitals, the care givers there are fantastic, considering they're overly stressed. They're put into positions that they weren't trained for. They had not even given thoughts that that's what it was going to be like to be a nurse or an LPN or a doctor. They probably wouldn't even have gone into it. When we're looking at the fact that the average age of nurses is 47, you've got to remember that back in the days when they went to university, either you went in to be a nurse or you went into education, both fields. I really believe that there's a lack of respect for education that is really handed out to Albertans.

Then once the patients are in there and once the care givers give them the job, then they have to worry about when they're going to be kicked out. When are they going to be discharged? A better word for that is: when are they going to be ejected? It all comes down to what happens at that meeting in the morning: who's the next number? I do wonder how Albertans read the questionnaire. I have problems thinking that there is an Albertan, an MLA is this Assembly, anybody who has not been approached by or has not had a loved one, a relative, a neighbour, a fellow worker that hasn't been affected by the Alberta health care system.

9:20

In my constituency of Edmonton-Manning there is a new facility that has been finished right down to the parking lot: nice trees planted, shrubs out there, and everything. But, you know, this facility is not open. I have numerous phone calls every week asking: why is there just one car parked outside? Well, I keep telling them that that is the security guard telling people to go away and go to the next hospital. You know, the answer that we're getting and the answer that is being spinned in the paper is the fact that there's a lack of money, and then they blame it on the federal government. Well, the federal government has already put well over half a million dollars in equipment in there, so it's not equipment. Does this Assembly believe that it's because of a shortage of nurses? Well, I do. Over four and a half years of downloading, dumping, and letting nurses and all other people in the hospitals go. You know, this government through the health system has let 8,800 nurses go. They're 3,800 nurses short in this province. So let's think about this. Mr. Speaker, I ask this

Assembly: where's the plan? I'm waiting. So are Albertans.

Well, the capital region residents, who have had to put up with the red alerts, were very happy in early October 1997 when the capital region health board finally admitted that they should open up the ICU in the Grey Nuns. But, you know, it took until November of 1998, this past month, before the ICU was opened, 13 months after the recognition and three years after the Grey Nuns hospital went through a major health revamping. Well, now it's open, staffed, and now it'll take a few months to find employees to fill the northeast. I had notification the other day that it's not going to open till the end of April 1999.

When we think about all the young Albertans who have left their province to find employment: will they come back? I doubt it. You know, the young ladies that moved down to Texas, they're marrying Americans. They're not going to come back here. That gets back to what I was saying before. The average age of nurses is 47. Nurses hired for the ICU should be anywhere from 25 to 30. The fact is that they're the only ones who can put up with that stress. The 47 year old is not necessarily looking for other jobs.

MS PAUL: Just be careful with this age stuff.

MR. GIBBONS: I've got to be careful.

They can't put up with the ICU. They've already gone through that stress. The average, for everybody's knowledge, for physicians in this hospital is 50 plus.

Now, back to what I'm really going to drive at, what the subject of Bill 21 is. It is a physician's right to opt out of medicare. What I'm totally gathering from everything that has been put forward to me so far is that the Tories have created a very unfriendly environment for doctors in Alberta. Recent negotiations between the Alberta Medical Association and the government have revealed an unprecedented level of discontent among Alberta doctors. Doctors assert that without fee increases, incentives for on-call doctors, and more aggressive strategies to recruit rural doctors, it is increasingly difficult to maintain quality health in Alberta. We just went through standing committee, extra money going to 24-hour service. That is something that has been driven home a number of times in this House by other members that I sit with, and finally they recognized the fact that they had to have more money to keep them there.

In setting the stage for further private health services in Alberta, the government has made opting out a lucrative option for physicians. As more physicians choose to opt out, there is a need for rules concerning how they may come back in and the time restriction limitations imposed. Although the legislation does not address this issue, it goes too far. It removes the right of the physician to opt out of medicare, making it subject to the dictatorial control of this government. The government has proven to be unfriendly to doctors in this province and blatantly committed to creating a two-tiered, private, for-profit system in Alberta.

This bill requires that an opted-out physician stay out of the insurance plan for one year. There is no obvious reason for this provision. We have a shortage of physicians in many areas of the province and a shortage in many specialties. There's no need for this provision. The physicians may apply to the minister to be allowed back into the plan before one year is up. To my knowledge there is only one doctor that has opted out. So why are we wasting our breath? Why are we wasting our time in here? The minister has the discretion as to whether the services provided by the physician are required and whether to let him or her back into the plan.

The Alberta Medical Association is unhappy that there was no

discussion with them in the development of this bill or in the development of the amendment. They have also expressed concerns that this bill will fail to prevent specialists such as optometrists from opting out of medicare when times are good and opting back in when they have trouble with their income. This bill prohibits extra billing for insured services but fails to stop physicians from charging for an uninsured service which is provided before the insured service is performed. This is another gray area which Canadian health fails to address.

The main thing that I want to suggest now is that we're sitting at this time with this bill in front of us on an evening where a lot of people think that we should be out of here, but I think it's so important that we should be talking about it for an awful long time yet tonight. This bill should be pulled now and looked at by the blue-ribbon committee. I'll be polite this time. We should just suggest at this time, Mr. Speaker, that Bill 21 be dropped and come again another day.

At that I'll take my leave and let another member speak.

MR. WICKMAN: Mr. Speaker, I know I've already spoken once, but I want to add a few words. I've been quite inspired by some of the thoughts of my colleagues, and I thank you for what you've said up to now. There are some points that have been said, though, that could be elaborated on a bit more.

There have been references made to this one lone doctor that has opted out of the system, a doctor from Red Deer, in the backyard of the Provincial Treasurer. Now, this particular doctor -- it's Dr. Bakken. I think we all know it's Dr. Bakken. Dr. Bakken didn't opt out of the system because she wanted to set up a private . . .

MR. DOERKSEN: It's not Dr. Bakken.

MR. WICKMAN: I'm sorry. It's not Dr. Bakken. That member is correct. Dr. Bakken didn't opt out. The other one opted out. She opted out . . .

Speaker's Ruling Referring to Persons by Name

THE SPEAKER: Hon. member, just a second, please. The point was just made. It is always dangerous for hon. members to mention names from outside, because if they mention someone in error, that person has no way of defending herself or himself. So let's try and avoid that.

MR. WICKMAN: Point well taken, Mr. Speaker, and I thank you for bringing that to my attention.

Debate Continued

MR. WICKMAN: The doctor we are referring to, however, we know is from Red Deer, and we know that doctor opted out of the system because of frustration. The number of patients that that doctor had to deal with just made it impossible for that person to provide the type of attention they felt they should provide, at the same time make a reasonable income. By opting out, the physician was able to reduce the number of patients, spend more time, and then sort of cater to those that could afford to pay direct billing rather than work through the system.

Now, that's one, Mr. Speaker. I don't know if the minister's ever done any stats as to how many doctors have actually left this province and have opted out of the system to go to the United States; specialists, not specialists.

MS LEIBOVICI: Lots. A cousin of my husband's went.

MR. WICKMAN: A cousin of your husband?

In fact, if I recall correctly, were there not billboards from some American recruiting firm trying to entice doctors to leave Alberta to go to the United States to participate in a private practice, where they could set their hours, where they could make a much better living and at the same time not be frustrated by what we see happening here in Alberta? I think the major incentive for those doctors to leave at that particular time was the frustration they felt because of what was happening to the health care system.

9:30

Just look at this scenario, Mr. Speaker and Members of the Legislative Assembly. Just visualize this type of system, say, two years down the road, three years, whatever. We have a private hospital, whether it be in Edmonton or Calgary, whatever. Maybe we'd have one in Edmonton; maybe we'd have one in Calgary. That could all, of course, have happened if Bill 37 had been passed or if it is passed in the spring. We could have a private hospital. Once you have the private hospital -- and that would be achieved by Bill 37 -- that becomes a natural lure to doctors to opt out of the system, to become part of this private practice in a private facility, and that would be accommodated by Bill 21. That's why so many of us and why other Albertans feel that Bill 21 is a companion bill to Bill 37.

Now, if we had that type of private facility with private physicians, whether it be in Calgary, Edmonton, whatever, who would they cater to? Who would that facility cater to? There are a large number of wealthy Albertans living in this province. There's a substantial number that have done extremely well, and cost would not be a factor to them. If they could pay to get in the front of the line, to go into a facility tomorrow or the day after rather than have to wait six months to see a specialist, they've got the money to do it. And let's not kid ourselves; they would do it. They would see that as an alternative to the frustration that average Albertans have to put up with.

In addition to wealthy Albertans who could afford that, we have to look at other segments of the population. Look at the Workers' Compensation Board. Workers' compensation is of course exempted from the Canada Health Act. They're not part of the Alberta health care system. Bills for workers' compensation recipients go directly to the Workers' Compensation Board, so they're not governed the same way as other patients. The mandate of the WCB from a bottom-line point of view is to get an injured worker back to work as soon as possible, because when that injured worker is back to work, of course the benefits are no longer payable. Meanwhile, if they have to wait six months for that injured worker to get into the system, to have surgery done, that's six months they're paying benefits to that injured worker because the health care system can't handle his or her particular situation.

So if it cost the board a bit more money, in the long run they would see it as a bottom-line saving. Right now they're paying -- what? -- up to a \$200 bonus to some doctors. And that's done for a reason. That's done because they want that person in the system as soon as possible so they can get them back to work, so they can reduce the amount of benefits they have to pay to injured workers. That stands to reason. So there you have another group of people that would welcome private doctors, would welcome private facilities.

You have Americans, Americans that for whatever reason may prefer to come to Alberta with their cash to use these private facilities and these private doctors. You have the armed forces. The population is there. Why do we want to throw a carrot out and say, "We're going to entice you to do this"?

Let me talk about one experience I had in the United States, and my fear is that we're slowly heading towards that type of system. This is without any exaggeration at all, and people that have been part of the health care system, people like my colleague from Edmonton-Riverview, would be aware of this. I had a misfortune in Scottsdale. I went to the hospital. I was there overnight, one night. I did have a cast put on. In fact I had two casts put on, which took the physician half an hour, 45 minutes, whatever. I wheeled upstairs into a private room. There's a TV there; there's a phone there. When suppertime comes, they bring a menu, like a restaurant, and you pick what you want. Then half an hour later it's there. Nurses all around, you've got everything you could possibly want, and you sit back and think to yourself: hey, this is a pretty classy operation.

Except for one little shortcoming. In the morning when it was time for me to leave -- and I was in that hospital for less than 24 hours. I went in around 5 in the afternoon, and I came out about 8:30 in the morning. One of the nurses came in. She's got four sheets of paper. She rolls up the foam mattress that was put on top of the other mattress and says: you might as well take this back with you. I said: well, what for? She said: well, you're paying for it; it's costing you a hundred dollars. I looked at my bill: four pages of it, every little item itemized. Box of kleenex: it's on there. Even if you only use one kleenex, they throw the box out and charge you for the box. Five thousand dollars, Mr. Speaker. Five thousand dollars. Could you imagine if I was an American resident, and I didn't have the protection? Christopher Reeve faced that very same problem. He didn't have the protection. Say I had to go in there for 10 days. Fifty thousand dollars.

MRS. SLOAN: Superman didn't have it.

MR. WICKMAN: Superman, Christopher Reeve, didn't have it. Fortunately he had friends that came to his aid. But you can't count on that. A health care system shouldn't be set up for Robin Williams to come and bail people out. That, Mr. Speaker, is where we could be heading if we don't come to grips with the health care system and look at the priorities.

Now, it's been pointed out that we are now at 31 percent in terms of the amount of dollars being spent on private practice versus public. Sure, one could say that the more we shift from the public to the private, the less demand there is on the public. Let's face it; the less demand there is, the less costs there are. But this is not about the bottom line. This is about health care. If we wanted to, we could intentionally over a period of time keep shifting and shifting until 90 percent of it was private and only 10 percent public. Just think of the great savings to the government in terms of the bottom line. But what would that do to Albertans? What would that do to Albertans who say that the most important thing to them in exchange for tax dollars, the very most important thing is a sacred health care system that provides for them when they need it. They need that health care system when for whatever reason they can't go to work because of an illness, because of a need for surgery. They can't see a doctor. It affects the family. It just goes on and on, Mr. Speaker. I'm sure that other members in this House have had similar experiences.

[The Deputy Speaker in the chair]

The wife of a very prominent specialist in this city, in my constituency phoned me one day. We chatted on the phone for about 40 minutes. She phoned me because she felt, having been in the University hospital -- maybe her husband was one of those

that attended to me. I don't know; she didn't name him. She talked to me about the frustrations that he had and how they affected her and affected the family. Night after night after night he may not be home until 11 o'clock. Her biggest complaint, she said, is that he was not appreciated. He was not appreciated by the decision-makers. He would not complain though. She said that he was too much of a person to complain. He spent years and years to get into this practice, and he wanted to just do his job as a specialist, as a physician, and he would not whine about it. But she told me -- she spilled her guts out -- how much it hurt her to see what was happening to her husband and, as a result, to the family. That's one case, and I'm sure there are dozens and dozens and dozens of doctors that would tell you the same thing.

One member of my executive -- and some of you will know that individual -- has three children. All three of them went into medicine; all three of them became doctors. To hear this individual talk about how the cutbacks and the changes have affected his children in terms of their different practices and such is sad, Mr. Speaker. It is very, very sad.

I can recall when I was in the University hospital -- and without question, of the various hospitals in Alberta, the University hospital I think is the class hospital. I think it is the hospital that does have the best surgeons that are available right now in Alberta. There's no question that if you're in need of medical attention . . . [interjection] It's in Edmonton-Riverview, yes. That's where you have your specialists.

9:40

When I was in there, my first bout of surgery was done before Christmas, and then they closed down half the operating beds. They closed them down because it was that time of the year. They said that there wouldn't be that much of a demand. But the demand was there. It meant that my first bout of surgery was rescheduled three times. Then my second bout -- because the specialist had a week off between Christmas and New Year's. He didn't dare leave town because he had to remain on call. He took one of those days between Christmas and New Year's to come to the University hospital, spent the entire day doing surgery even though it was his one-week break. He did it because he felt bad for his patients that were lined up in the hospital using beds simply waiting for surgery. Using beds waiting for surgery.

I remember another instance. Two o'clock in the morning I woke up, and I thought this was the final calling. That was the feeling I had. I pushed the buzzer.

Speaker's Ruling Third Reading Debate

THE DEPUTY SPEAKER: Hon. member, I'm quickly and now slowly going through Bill 21 and wondering how this fits in with third reading of the provisions of the bill. We're supposed to be talking about the provisions of the bill as passed in second reading and in the committee stage. So if we could follow that, that would be helpful.

Debate Continued

MR. WICKMAN: Mr. Speaker, you can be assured that I'm trying my very, very best, but it's difficult to not talk about the public system when we talk about the private, to do a comparison. Of course this bill is one component of a possible private system, an aspect of a private system, because it allows doctors to opt out of the public system into the private. I'm just pointing out the value of these physicians, of these surgeons, of these specialists,

how important it is to keep them in the public system. We don't want them opting out. We want them to stay, because if more and more opt out, there's more and more demand, more and more burden on those that are left. I was simply trying to point out from some of my own experiences the problems that physicians face at the present time.

We don't want to add on to that. We don't want to make it even worse for them. How many nights, night after night can they handle working sometimes virtually around the clock, seven days a week? They're on call, affecting their family, affecting their well-being, generally speaking, in terms of recreation, whatever. How long can that possibly go on when there's a bill that would provide for an alternative for them? This would allow some of those doctors to say: "Well, the other side of the coin starts looking attractive. What Bill 21 has done is provided me the opportunity to set up a private practice, set reasonable hours, take a reasonable number of patients, charge and bill them directly, work five days a week or whatever, be like most people are."

Now, isn't that a viable alternative that some physicians would look at, thanks to Bill 21? If they suspected that along with Bill 21 was the possibility of Bill 37, where they could possibly practice in a facility like in Calgary -- I recall somebody describing the facility in Calgary with the certain coloured walls and the carpets. It almost sounded like a resort, like a hotel. That is the type of incentive that Bill 21 could provide for some physicians to opt out, saying, "That's the alternative to what I'm doing now, possibly practising in that type of facility, not in the rat race that I presently experience."

So, Mr. Speaker, specifically what is the opposition asking for with Bill 21? We're not saying kill the bill, never consider it again. What we're saying is . . .

MR. DICKSON: Park it.

MR. WICKMAN: Yeah, park the bill. Park the bill so it can be considered by the blue-ribbon panel along with Bill 37. If there is a perception of them being companion bills, they might as well be studied together, and this committee may very well come back and say that Bill 37 and Bill 21 are both very, very damaging to the health care system, and that could be the end of this kind of talk, Mr. Speaker. That could be the end of Bill 21 and possibly then we could get about doing what has to be done: trying to restore, trying to repair a health care system that in the last five years has just crumbled, has been devastated, that simply cannot continue the way it is.

Mr. Speaker, I know there are people out there that will say, "Well, this government is doing a good job despite health care." But those people, when they are faced with a crisis in health care themselves and realize exactly what they have to go through, suddenly change their tune, and they say: "Well, possibly I was too forgiving of that government. Possibly the health care system is much more eroded than I initially felt."

The Member for Edmonton-Gold Bar, the Member for Edmonton-Centre, the Member for Edmonton-Calder, and the Member for Edmonton-Manning have all spoken about their constituents and the impact Bill 21 would have. Edmonton-Gold Bar and Edmonton-Centre talked about the number of seniors in their riding and how valuable the health care system is to them, how precious they regard it, how they paid all these years to get that system in place just to see it start to crumble. I can go into my riding; I'm sure the member here from Edmonton-Meadowlark would find the same thing. We may not have the same number of seniors that are concerned about Bill 21 as this

member or that member, but the general population, Mr. Speaker, is very, very concerned. They're not only concerned, saying, "Well, some day I'm going to be a senior, and I'm going to need that health care system." They know that even as a young person they may need that health care system tomorrow. Many of them have used it today. So age is not a total factor, although it is a factor.

In my riding of Edmonton-Rutherford in the initial stages back in 1989 the number one concern was workers' compensation. I know that was shared by many MLAs in this House. You know what number one is now? It's not social services; it's not education. The number one concern that my constituents have, Mr. Speaker, is health care. Part of their concern about health care is what they perceive as this trend towards privatization, and Bill 21 is one of those components that they say could add to privatization.

Again I'm going to emphasize, as I wait for that whistle to blow as I approach my 20 minutes and get my last breath here, that I would urge the government to think very, very carefully, to look at what the options are. The options are that tomorrow they could enter this House, move closure on Bill 21. It's been done on Bill 2. That would wrap things up, wouldn't it? However, that would not be the sensible, reasonable thing to do on Bill 21, Mr. Speaker. That would be irresponsible. That would be ramming it through. Have they already indicated they're going to move closure? They gave notice they're going to move closure on this bill?

AN HON. MEMBER: No, on Bill 2.

MR. WICKMAN: On this bill too?

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

MS OLSEN: Thank you, Mr. Speaker.

I would just like to deal with this bill . . .

MR. HAVELOCK: In a rational way.

MS OLSEN: Thank you. I'm glad you recognize that I'm very rational.

The object of this bill is to clearly define the process for physicians to opt out of and back into the Alberta health care insurance plan. We know that there's been a tremendous amount of debate in recent years over whether physicians should be able to opt in and out, back in or back out again.

We know that positions vary but basically fall into three categories, Mr. Speaker, the first one being that physicians should be able to opt in and out of the plan without restriction. The second one: physicians choosing to opt out should not be allowed to opt back in until a certain time period has lapsed. And the third position is that once a physician has opted out, he or she should not be allowed to opt back in at all. There are varying degrees of agreement and consideration given to those three categories. What this bill serves to do is decide when that's going to happen and if that can happen.

First of all, the minister is now making this bill require that physicians provide 180 days' notice to be given in order for a physician to opt out of the Alberta health insurance plan. Prior to this, Mr. Speaker, the physician had 90 days. I guess I'm a little concerned. One of the things that I constantly hear this government talk about is its need to consult: need to consult stakeholder groups; need to consult different groups they are having a discussion with. In this bill they choose not to do that. They choose not to consult the Alberta Medical Association, and they have indicated that this is too long a time. They would rather see 90 days' notice.

9:50

When we look at the roundtables on health care and we look at the blue-ribbon panel and we talk about the health summit, all of those are consultation processes of some sort. But what the government has failed to do with this bill and this amendment is that they have absolutely failed to consult, consult with the very people this bill impacts, and that in fact is the doctors. They haven't had discussions with the Alberta Medical Association, and in fact the Alberta Medical Association doesn't agree with this particular bill. The government's position, Mr. Speaker, is that they need the 180 days in order to advertise, in order to allow them to recruit physicians if the physician opting out needs to be replaced. Well, I would suggest that in this province if a physician is opting out, there is a dire need to have another physician in. However, does that give the government the responsibility of deciding when this will be? No. The minister should reflect upon what his job is. The doctors don't work for the minister. The doctors are not employed by the minister. Therefore, they need to be able to have that latitude to make those decisions for themselves and not have to worry about the special relationship that they need to establish with the minister.

Now, another thing this bill does, Mr. Minister, is that it requires that an opted out physician stay out of the insurance plan for one year. I can't find any obvious reason for this particular provision. I'm wondering why we would want to, in a climate like Alberta's where we're having difficulty finding certain specialists and certain doctors -- my colleagues have all discussed that in their debate. In fact, in the rural areas we find it very, very difficult to recruit physicians, and certainly we see our specialists leaving. Our specialists are going down south where they feel the grass is greener. Well, in that case, would we not want a doctor to opt back in if he chooses to do that? Why would we want to hold him to a year when we are in dire need of physicians? The minister has discretion as to whether the services provided by the physician are required and whether to let him or her back into the plan. What can happen is that doctor A provides certain services, so the minister is going to say, "Okay; you can come back in, but, doctor B, you can't come back in because we think you're irrelevant and the services you provide are irrelevant." But that clearly rests with the minister, and I think that is absolutely wrong. That should be a doctor's choice.

Now, Mr. Speaker, we've heard a lot about the issue of private health care and what this may provide. Well, I would suggest that right now in this province we are having a climate change, and that climate change is toward private health care. Allowing doctors to in fact work outside of the system only contributes to that particular climate change.

I'd like to reflect a little bit if I could, Mr. Speaker, about the HMOs and the issues down south they have in their private health care system. Doctors there don't opt in and out. They are, for the most part, out. They're private, and what they do is they bill privately, but let's not forget some of the consequences of that. We know that 54 percent of Americans are concerned that their health insurance will disappear if they or their families become very sick. This isn't a private system where doctors have opted out. We also know that the attitudes of Americans are different depending on the kind of health insurance they have. For instance, in the fee-for-service end of it 78 percent of Americans are very satisfied with their choice of doctor. But when they go to the managed care option, which is a type of care where there is no control -- you sign a contract; you sign in and you give up your right as a patient to have any say in your health care

treatment. You are tied into a certain doctor; you are tied into a certain hospital. So that's important to think of.

When we look at private health care -- there's a joke going around in the States, Mr. Speaker. The joke is: how can you tell that a death certificate was filled out by an HMO doctor? Well, the answer is: because he signs his name under the cause of death. That's the respect they have for the private health care system in the United States. Those doctors, as I said, are not opted out; they're out. We don't want that climate here in Alberta. We don't want the kind of climate where we're promoting more doctors to be out than in because it becomes the thing that's right to do, because if you can't get satisfaction inside the system, you go outside. So I have concerns about this government creating a climate that creates a need for doctors to opt out and creates a need for private medicare.

I might bring to the attention of this Assembly that in the United States they have 22,000 pages governing medicare alone, 22,000 pages. That's not those regulations that apply to each state; that's federal regulation. If that's not bureaucracy at its best, I don't know what is. I don't want us to ever in this province get to the point that the employees of Alberta health care can't in fact even read the documents that we've produced. I fear that by going the route of opting in, opting out -- docs can make their decision; docs can't make their decision -- we've created a confusing climate. It's a climate that is absolutely working its way towards a private system. I can see no other reason, no other reasonable reason to have this particular Bill 21 other than to promote and create a climate of change, and that change is to private, for-profit hospitals. So I think it's important.

The other issue I'm concerned about, Mr. Speaker, is that the bill introduces fines for violating the provisions on extra billing of up to \$1,000 for the first offence and up to \$2,000 for the second and subsequent offences. The key word is subsequent offences; okay? Fines could certainly be larger considering the costs of some of these procedures. And shouldn't other penalties be involved if a doctor continues to violate these provisions, such as maybe expulsion from the plan?

Let me say this. Bill 1, that was introduced in this House this session, Bill 1, sponsored by the Premier, that bill has a penalty section in it of up to \$25,000. That's the penalty section. But in here, in this bill, in Bill 21, we don't have those kinds of penalties, and guess what? Do you think the docs maybe should be paying a few extra bucks for breaking the law continually? They make the dough; they should pay. Set the fees and the fines at the level of their income. That might make them think twice, but I would guess that \$1,000 or \$2,000 isn't a lot of dough to a heart specialist. I really don't believe that is a real penalty.

10:00

Mr. Speaker, there's other legislation that has higher penalties than that. In fact, that reminds me of some of the environmental protection laws where violators continually go back to court, back to court, back to court and get a little slap on the wrist. Let's not forget that many of these violators in environmental protection are the Alberta corporate elite. Those guys can afford to pay those fines. The docs are the elite in this province. They can afford to pay the fines; all right? If they don't pay the fines, what happens? Do they go and do an in-default time of 30 days in jail? Lo and behold, if they do it at the wrong time and they won't get the vote, you can rest assured that those docs would be kicking up a stink. So I think that's an unreasonable penalty. That penalty should be a lot higher. It should reflect the position and the compensation that doctors get in this province. That would help to deter the

doctors from violating any of the provisions on extra billing.

We've discussed at great length the notion of how many doctors have opted out in this province. Well, if one doctor has opted out, out of approximately 4,600 or 4,700 physicians, why do we need this bill? What is the rationale behind creating legislation for one doctor unless the climate is going to change? Climate control, not in relation to the Environmental Protection department over there -- climate change and climate control here are different. It's for-profit hospital services. That's what we're looking at here, and that's what this bill is directed towards, in my view. I can see no clear rationale for this particular bill, Mr. Speaker. It's not evident on the face of it. It's not evident that the docs or the AMA have been consulted and want it, and given that, I think that the minister, if he really, really means that he wants to consult with Albertans, will then shelve this bill until his health summit has been convened and this bill comes up for discussion at that particular summit and can be discussed in a public way.

Well, certainly Bill 37 has been shelved, Mr. Minister.

MRS. SOETAERT: A son of 37.

MS OLSEN: Well, this is probably the daughter of Bill 37 or the cousin. Call it what you will, Mr. Speaker.

The bill itself provides Albertans with not very much, and for one doctor at this point -- I would question the motive behind this bill. I would question why we need this bill. If the minister is not going to shelve this bill, I would question this government's true motive behind consultation, because I would then say: they don't really mean it. Mean what you say; say what you mean. If you're going to consult, consult, and put this bill on the Order Paper with Bill 37 and everything else after the consultation has occurred, Mr. Speaker.

With that, thank you.

MRS. SLOAN: Well, Mr. Speaker, it is a privilege to arise this evening under the context, unfortunately, of an obscure closure motion by the government with respect to their introduction of voting on the previous question. However, we have a bill before us that has been well debated by my colleagues with respect to its intent, its companionship with Bill 37.

AN HON. MEMBER: What more can be said?

MRS. SLOAN: There is so much more to say on this bill, and I'm just getting started.

Where I'd like to start, Mr. Speaker, is with this government's annual report, the 1997-98 annual report, with respect to Bill 21 and the provisos that physicians in this province should be afforded a legislated process to opt out. When I look through the minister's message, his message to Albertans about what this year would hold in health care, oddly enough I do not see any reference to providing a legislated process for physicians to opt out. If we were an accountable and a transparent government, isn't it strange that we would not want to say to citizens: we are in fact going to create such a process?

It's further interesting as you go into the report. Specifically, the ministry talks about new initiatives. Do we see the Alberta Health Care Insurance Amendment Act and the identification for citizens that there will be a legislated process to provide for the opting out of physicians and private, for-profit practice in health care? No, we do not. We say that we're "reviewing the boundaries for regional authorities." We say that we're "negotiating a new agreement" with the province's physicians. But not once do

we identify that we are going to proceed with this legislation.

Then, lo and behold, there's a section on new legislation. When we read it, does it say that we're going to provide a for-profit process to provide for for-profit practice for physicians? We talk about the Health Information Protection Act. We talk about the Health Professions Act, the Personal Directives Act, and the Protection for Persons in Care Act. But we do not talk about Bill 21. We don't talk about the Alberta Health Care Insurance Amendment Act. This government says that they've consulted. In the document that would inform Albertans what the intent of their government is with respect to health care, Mr. Speaker, there is not a single word on this piece of legislation. It's appalling, absolutely appalling.

But what is worse? Then we set out for the citizens of this province what our goals are with respect to the health care system. Goal 1 says that the "overall directions for the health system [should be] clear, coordinated and understood by Albertans and by those in the health system." Well, I wonder what that means in the context of Bill 21. We have a bill that on its face only provides a process for physicians to opt out. But then what? Where do they practise, and by what rules and authority do they practise, Mr. Speaker? How, in fact, are they going to operate within the province?

We know that currently there is not a pool of private, for-profit facilities, although the hon. members across the way would like to and wanted to provide for that in Bill 37. We do not have a pool of facilities that are ready and waiting to allow these physicians to practise in. There's a whole raft of double standards and inconsistencies that arise when we say that physicians can opt out into the private sector. Do we in fact know what complications will arise with respect to the College of Physicians and Surgeons and their ability? As an example, do their standards of practice apply succinctly to practice in a private setting? Have they contemplated that when the framework for that type of practice is not in existence, as it is in the public system?

As one example of that, we have a process where there are within the facilities medical bylaws established. When physicians get privileges to practise in a public hospital, they participate and conduct themselves within the medical bylaws of that facility. So has this government, in preparation for passing this bill, brought forward bylaws that would be required for the practice of physicians in for-profit facilities? Not to my knowledge. I wonder: if the College of Physicians and Surgeons were asked, would they know if such bylaws have been brought forward?

10:10

So in essence we're supposing that we're sending physicians off to practise, and the framework that they will practise in is, if anything, obscure. But what is more troublesome than the fact that we are advocating that well-intentioned professionals will enter into this mire is that we are risking the public safety by constructing such a system in a haphazard, contrived, manipulated, and ill-prepared fashion. It's just more grist for the mill in terms of this government's ineptness, Mr. Speaker, but it's come to be a course of approach and practice that in this province we have learned to expect.

Now, one of the other aspects, again, in an even more interesting report, is if you look at the accountability document. I referred to this document earlier today in the context of debate on another bill, but it's even a better reference, Mr. Speaker, in terms of Bill 21. In *Accountability: An Action on Health Initiative*, page 24, it actually asks the question: "What types of formal relationships should be in place between regional health

authorities and private practice physicians?" Well, I wonder if that question has been answered. I wonder if there has been any work done with respect to that question.

[The Speaker in the chair]

The questions are asked: should alternative payment methods be developed for private-practice physicians, and should fee-for-service funding be reduced? Now, what is that a prelude to? Currently what we have is a substantive list of services that are offered both in the public and the private systems, everything from cleft palate repairs to mastectomies to invasive angiogram procedures. What happens when we have physicians opting out? Are those physicians going to be able to provide those services in a for-profit, private manner, or are those services going to be in the sole jurisdiction of the public health care system? Well, it's not clear. In fact, I would say, Mr. Speaker, that what we will have when we get a core group of physicians that want to practise in a for-profit manner is we will see them lobbying this government to make that list, that gray list of procedures, a fully private jurisdiction.

You could certainly see the rationale from their standpoint. I mean, they want to make a living. But from the public standpoint, why should a woman that wants quality services for a mastectomy have to go to a private, for-profit operator? Why? We have conditions within our public health care system currently that are so deplorable that we have women being sent home the same day they've had mastectomies, with their drainage tubes still in place, and that is because we have a government that consistently has underfunded our public health care system to facilitate, to create the bed for this private, for-profit process: Bill 21, Bill 37, and the like.

Just to revert, I've actually now found my reference with respect to the bylaws, the medical staff bylaws that I spoke about. We require now in the public system that health authorities must establish bylaws through which medical staff are required to operate. These bylaws currently are approved by the minister. Now, I don't suppose the minister is anticipating any bylaws that would be created in a private system that he would have the jurisdiction to approve, but in the public's interest why wouldn't he? Why wouldn't the approval of the medical bylaws be a component of Bill 21? When are all of these adjunct issues going to be addressed, Mr. Speaker? Otherwise, the bylaws in fact set out, I guess in a way, practice protocols of sorts. If medical staff do not abide by those, their privileges can be suspended or revoked.

In the private system let's say that a private, for-profit practising physician doesn't want to adhere to the rules and doesn't want to stay within normal standards for billing on a particular procedure. Let's say that he needs to make a big car or mortgage payment in one particular month and decides that he's going to bill his patients. That's okay. That's what the Treasurer is indicating. The reality is that there are no rules. We're going to allow, we're going to create, we're going to approve tonight in this Legislature -- the government will approve; the opposition will most certainly oppose the bill -- a process to allow physicians to opt out, and we haven't done a single piece of work to define the framework of accountability for those physicians and the protection of the public in this province, not a single stitch of work. We haven't even had the guts in our provincial Ministry of Health annual report to lay out that it's being done. What kind of government is that, Mr. Speaker? Cowardly, weak, secretive, not at all alive to the responsibilities they have.

The other aspect of the debate is that although the government has been nibbling away at the edge of this issue, we have not in

this province concretely said what is core and noncore. To me, this bill is another up of the ante. It's another way of providing another mechanism that requires that we push further ahead in determining what is public, what's insured, what's private, what's not insured. That agenda has been here for a long time in Alberta. The government has been silently, quietly championing that as far back as 1994. This is just another way of trying to get that formally on the agenda.

Another even more serious question is: what relationship will these individuals in this sector of service provision in health care have? What processes of reporting will be required to offices like the provincial Ombudsman, the Auditor General, or perhaps even the Alberta Health Facilities Review Committee? Will that be under the jurisdiction of that committee or will it not? Currently, those offices are a component of how the public can make public programs and government accountable, but it is not clear that the private practitioners, the facilities operating in a for-profit manner would be under the jurisdiction of those offices, Mr. Speaker. That is also a huge issue in the protection of the public, and it's a huge issue of government neglect for not addressing those things in the context of Bill 21.

10:20

It's also of interest in the context of Bill 21 to recall and remember some of the historical occurrences with respect to the province's physicians in the past five years. We have not by any stretch had an environment in this province -- and this was referred to previously by the hon. member -- that has been one of respect and value. In fact, the government's relationship with provincial physicians has been a real ebb and flow relationship for the past five years. We've had several rounds of contentious negotiations. We've had physicians engaging the public in the declining status of health care: the Tell Us Where It Hurts campaign and the most recent one. In fact, the lunacy of it is that we see the province's physicians having a higher bar of accountability and a higher bar of consultation than this provincial government has. We had a whole process in which physicians were to establish and implement alternatives in primary health care delivery. Of course, the most recent is the obstetricians' dispute and this government's waffling about who's responsible and trying to toss the ball to the college or the AMA. If it weren't so sickening, it'd be hilarious.

So in the midst of all of that, those two organizations and all of their respective memberships are now confronted with a bill that they haven't by any means endorsed. There are more questions than there are answers with respect to how it will be applied. I mean, the long and the short of it is that this government doesn't care. They do not care. They would just as soon be home schmoozing in their Christmas receptions having a glass of Christmas cheer than addressing the issues of public accountability and safety in Bill 21. I'm being very artful this evening, Mr. Speaker, in the interests of the season. However, I am completely serious with respect to my comments and my concerns about this bill.

So we have more than enough reasons, I believe, that we put before this House that the government should do the right thing and pull this bill, but they won't. I have no faith, because they're not advocates for public safety, and they're not advocates for public health care, and they're not advocates of a democratic government. But one day this province will have the privilege of being represented by a government that is alive to those issues. I look forward to that day, Mr. Speaker.

Thank you very much.

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

MS LEBOVICI: Thank you, Mr. Speaker. I've been listening with great interest to the comments of both sides of the House, and it's surprising how sometimes the members on the other side appear to have their shorts tied in a knot. It changes their voices and makes them say all kinds of funny things. Exactly like that, hon. minister. You know, I wonder if maybe they should just go outside and stretch a little bit. It might make them feel a bit better and might make them listen a little bit.

THE SPEAKER: Hon. member, I'm going to ask you to focus on the bill that's before us. It's called Bill 21. That's the subject.

MS LEBOVICI: Thank you, Mr. Speaker, for keeping me on track. I do have a tendency at times to wander. It's been a long night, and I guess we'll be longer yet.

Bill 21, as you so rightly pointed out, Mr. Speaker, is called the Alberta Health Care Insurance Amendment Act, 1998. We are in third reading in a stage of third reading that is effectively a closure stage. That in effect tends to colour the quality of the discussion in that the government feels that they have us over a barrel. The reality is that this is not an issue of winning in this Legislative Assembly, but it is an issue of what provides good legislation and how one provides an example of good government.

Now, it is no secret. Bill 21 is a bill that the Official Opposition has dug their heels in on. Interesting enough, the New Democrat opposition has decided to side with the government on this bill and has unfortunately not looked at the bill with the thoroughness with which the Liberal Opposition has looked at the bill and recognized, in fact, that there are many dangers inherent in this particular bill.

When we look at the rationale for Bill 21, it appears that the rationale is to allow for doctors to be able to opt in and out of the medicare plan with some restrictions. At this point in time the issue centres perhaps around one doctor who has taken advantage of opting out of the public health care system. There are approximately 4,670 other physicians who have not opted out of the medicare system. So, again, if we try to follow the train of thought, the rationale for putting this bill into place -- because I strongly believe that we are here in this Legislative Assembly to look at what the bills are, how they benefit Albertans, what standards are put in place, and underlying all of that, there has to be a rationale for putting a bill into this Legislative Assembly -- we find that there is only one individual that perhaps could be affected by this bill at this point in time. We do not know -- and that doesn't, of course, mean that it doesn't exist -- of any other physicians who are panting to opt out of the Alberta health care insurance plan. As a result, we then need to look beyond this bill and I believe look at this bill in conjunction with some of the other initiatives that we've seen come forward from this government not only this year but over a period of a number of years.

We have seen this government on a number of occasions endorse or attempt to endorse the opening of a private health care sector within Alberta. What this bill could potentially allow for is a revolving door for physicians to move in and out of the health care plan. So please bear with me, Mr. Speaker. Let us pretend that we have this new for-profit clinic opening in Edmonton by Surgical Centres Incorporated within the near future. We could also talk about the potential clinic that might open up with the Three Sisters operation. In order for this clinic to operate, they need physicians. Physicians are quite comfortable within the public health care system at this point in time, but take this particular bill, which allows physicians to opt out for a year and

then opt back in, and take the scenario this way: from January until February, March, April, May, June -- stay with me -- the physician is within the public health care system, and in June 1998 the physician opts out for a year, that takes him to June of 1999, when that physician opts back in. That's very convenient when you come to some of the specialists who in fact have a cap on the amount of earnings that they can in fact earn. So it would be very profitable for them to opt out for the year, still remain within the public health care system for half a year, attain their cap, and continue on in the private health care system. Works very nicely with a private, for-profit clinic that only does, surprisingly enough, day surgery; didn't need Bill 37, didn't need permission from the college because it's only day surgery. As the hon. Member for Edmonton-Riverview pointed out, vasectomies are now being done on a day surgery basis. There are many operations that in fact should not be done on a day surgery basis and are now because of the cutbacks within the public health care system. So we see a potentially innocuous housekeeping bill, whatever the terms are that have been used in the past around Bill 21, having a far-reaching implication with regards to public/private health care.

10:30

Interestingly enough, in the consultations that the minister has done around Bill 21, there is no support from the College of Physicians and Surgeons and there is no support from the Alberta Medical Association, two of the groups that would be most affected by Bill 21. Again, what does that tell you? I keep looking for the rationale. What I believe that says is that both the AMA and the college realize that this bill is not necessary, that this bill may in fact provide for a movement both in and out of the public health care system that they in fact do not want to see, and that this bill will in fact undermine the public health care system by allowing for the opting in and opting out to occur.

The bill itself has implications with regards to one of the favourite subjects of the Member for Calgary-Buffalo, that I am not sure he has mentioned to this date, with regards to information. If one examines the bill closely, one notices that information with regards to health care services that are provided to an individual may now be disclosed "to any committee established to advise the Minister in respect of matters under section 8." Before, this was a very limited section that indicated that personal information could only be given "to the Medical Practice Audit Committee." This committee is now, I believe, deleted. So where we had before a situation where private information would only be given to a particular committee, a very limited use of private information, we now seem to have opened it up so that private information of individuals who have health care services is going to be provided "to any committee established to advise the Minister." Now what that has to do with physicians opting in and out of the health care system I'm not sure. I can't find the thread of the rationale to that particular clause in this bill. I should not be surprised, having been in this Legislative Assembly for five years at this point in time and looking forward to my five-year pin, Mr. Speaker . . .

MRS. SOETAERT: We're past that.

MS LEBOVICI: Are we? I'll have to talk to the Speaker about it.

In fact, there are many times when we look at legislation and find that there is some clause put into the legislation that does not belong there, and I believe this is one such clause.

We look at the fact that, again, when this bill was introduced in the Legislative Assembly, it was, as bills are always that are being introduced by the government into the Legislative Assem-

bly, a perfect bill. Once again we found that in fact this was not a perfect bill and that there needed to be amendments. Once again we are providing the opportunity for the Minister of Health and the government to recognize that this bill is still not a perfect bill, that there need to be changes made. In particular, what needs to happen: we need to look at the issue of health care as a whole, not as a piece, where we try to fix one area and then another area is out of sync. Because of the way the health care cuts have occurred, we have a system that is out of sync at this point in time. We have a system that has flare-ups, that has pressure points, as the government likes to call it, and these pressure points need to be dealt with. If in fact we took the health care summit -- and I know that the minister of social services, before he was minister for social services, was involved with the roundtables in health and was involved with looking at how health care changes could be made from more of a global perspective. If we were to take that step backwards, I firmly believe that is what is needed at this point in time, make the assessment as to: what is the fallout from the reforms to the health care system that have occurred over the last number of years, and how do we fix the fallout from the reforms?

The attempts that I believe we are seeing within this Legislative Assembly and outside the Legislative Assembly now with regard to the blue-ribbon panel, the health care summit, whatever else will come up in the next few months to try and fix the problem of health care, are ad hoc. What needs to happen is that the minister has to take a time-out, has to in fact take a step backwards, try to stop solving problems on a piecemeal basis, as he is with this Alberta Health Care Insurance Amendment Act, and look at how we actually make the amends to the health care system. To say that we are reinvesting in health care is not enough because it's not only a matter of reinvestment that's required. It's a matter of looking at what truly should be the reform of the health care system. That has never happened within this province.

The issue of concern I indicated with regard to Bill 21 is the fact that at this point there seems to be no particular need for this bill. In fact, I believe -- and I don't want to quote it incorrectly, whether it was the AMA or the college. It was Dr. Bill Anderson, actually, who indicated on March 31, 1998, in a letter to his members, and I would like to quote this, if I may: "Yesterday, Health Minister Halvar Jonson introduced one of the most Orwellian, vindictive pieces of legislation which our profession has ever faced." Then he goes on: "According to a government news release, Bill 21, the Alberta Health Care Insurance Amendment Act, will," and then he outlines what the bill is about. We've already talked about what that bill is about. I think that gives you a good indication about what in fact the physician's feeling is around the bill. He further goes on to say, so that you know it's not only the Official Opposition that is saying this:

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

Why Bill 21? This is in answer, Mr. Speaker, to some of the questions I've been asking, and I don't believe we've heard the full story from the minister. But it's interesting. The physician's perspective is:

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

Now, this is an indictment of Bill 21, Mr. Speaker. It is also a statement of where the co-operative relationship that I'm sure the government would like to foster with the health care providers is

going. It is obvious that the co-operative relationship is heading for problems.

10:40

If the Minister of Health was really concerned about health care in this province, if the Minister of Health was really devoted to the needs of Albertans with regards to health care, he would, in the words of the Member for Calgary-*Buffalo*, park Bill 21, take it, Bill 37, and Bill 38, the health care bills that remain on the Order Paper, to that blue-ribbon panel, take them to the health care summit, take them to the all-party committee that we have been asking for from this government so that Albertans can truly feel they have a say in the remaking of their health care system.

Health care is a fundamental value. Health care is one of the fundamentals that we not only as Albertans but as Canadians value. It would not be the kind of legacy that I think this government wants to leave behind, that the legacy it is remembered for is the destruction of our health care system, whether it's piece by piece or in one fell swoop.

So if I may conclude, I would hope the minister would look at some of the concerns that have been expressed, would listen to the concerns that have been expressed by those that are mostly affected -- and those are the doctors, both the AMA and the college, who are not supportive of this bill -- and would not try to ram this bill through the Legislative Assembly in accordance with the wishes as expressed by the House leader. This is not what Albertans expect from this government. This is not what Albertans deserve from this government. In fact, this is not, as I indicated earlier, I believe, the kind of legacy this government wishes to have when they leave and move on to other endeavours. It is my hope that we can come to some kind of reasonable consensus on this particular bill. There are many of us that will talk tonight to ensure that there is no stone left unturned so that in fact there will be some kind of listening that occurs by the minister.

Speaker's Ruling Relevance

THE SPEAKER: Hon. member, remember; we are on Bill 21, and I say this simply because there were some conditions and opportunities for the Speaker to intervene in terms of the remarks of the previous speaker. It's Bill 21. There was certainly a lot of discussion caused by certain members of the House. I'm sure that they took such phraseology as the condition of a certain member's underwear, vasectomy, and cutting all on the same thing, and that led to some degree of discussion. Bill 21, please.

Debate Continued

MRS. SOETAERT: Mr. Speaker, speaking to Bill 21. You know, people have said lately: "Why are you in the Leg. so late at night? What can you guys possibly be talking about?" I always say that I have to go back to the Leg. to save the people of Alberta. So here I am once again trying to save the people of Alberta.

You know, there are many things we're all passionate about, but I think two things that identify us as Canadians and Albertans are public education and public health care, and people are very worried about what is happening in public health care. Bill 21 is part of that concern. I don't know if people in the general public truly understand the connection of bills 21 and 37. Definitely a relationship there. In fact, it's obvious because we had to help out the government when there was a clause in 21 that was connected to 37. [interjection] Yes, once again we helped them out there. Now, I realize . . . Oh, the minister says: no, no.

He's shaking his head. Through the Speaker to the minister. Can't do that? Okay, just to the Speaker. You got it? I love this place, and it loves me, I'm sure.

The minister brought in some amendments, and I think that for the most part they were good but certainly not sufficient. I know people are saying: "We've heard about Bill 21. We've heard about it again and again." But, you know, repeat, repeat, and they might get it. Furthermore, the Premier once mentioned that we were passing legislation through too quickly and that we weren't speaking to the bills enough. So it is incumbent upon me to speak for at least 20 minutes. In fact, I may ask for unanimous consent after my 20 minutes, and I'll bet you I'll get it. In fact, it came from the other side the other night when I was talking about lice; right? But that's off topic. It became a rather nit-picky conversation, Mr. Speaker, and that's not for tonight. For tonight I want to speak to Bill 21, because I have to tell you . . . [interjection] It's like an Easter bill: it's hippety-hoppety. You can opt in, opt out.

On Thursday evening there was an open house at the College of Physicians and Surgeons and the AMA, and I went over to talk to some of those people. In fact, one of the doctors on the College of Physicians and Surgeons is a very good friend of mine, Dr. Harvey Albrecht, a man I truly respect, and other colleagues around me respect him as well. A few people at that thing came up to me and said, "You know, what's happening with Bill 21?" They did not want it to go through. They said, "What are you guys doing to stop that bill?" Well, I said: "We're speaking to it. We're trying to convince the minister to shelve it until the blue-ribbon panel or some summit or some other form of consultation, whichever way the minister or the Premier feels, has a chance to really look at it." They said: "Well, try to postpone that bill. Try to stop that bill. We don't want that bill." I said, "Well, we'll be speaking to it; we'll give it our best shot," but ultimately it's this government that brings in motions like it did tonight that are actually closure. It isn't the actual closure motion, but it's the sister of closure motion. [interjection] Through the chair if you please, Mr. Minister, because I don't want to get into trouble for you heckling me.

Mr. Speaker, I was at this event, and one physician said something that I thought was very powerful. He said: "You know, if we only made the public system as good as it can be. All this dancing in and out and HRGs and Hotel de Health and all these others that keep coming up wouldn't be an issue if the public system were as good as it could be. Why don't we focus on making the public system good, instead of making the private system more accessible?" I'd love to say that those were my words, but those were his words. [interjection] Prophetic. They were. I thought, you know, that makes sense. That's simple. That makes sense.

10:50

When I met with the college of physicians and the AMA and they're telling me, "We don't like this bill," then I've got to say, "Well, didn't they talk to you about it?" Why wouldn't you talk to the people this affects the most? Wouldn't you want them on board? I don't get it. You know, if you work co-operatively with them -- those are indirectly your employees in a way. These are people that the Minister of Health represents in here. Yet this isn't something they were a part of. I would just find that really offensive if I were a doctor. Furthermore, we've only had one doctor in the province opt out. So is this whole legislation created for one doctor? It's unbelievable. What a waste of Legislative time. What a waste of drafting time. What a waste of amendment time.

In fact, that's in a way a dictatorship role when you just tell somebody: "You know what? I know you have a negotiating arm,

a political arm, and I know you have the professional arm that looks into the procedures that different doctors go through." And they're very credible. I think they're very credible. Yet you come in with this bill that gives the minister total power over the college of physicians, over the AMA. He has total power to let somebody opt in, opt out. I think that's very disrespectful of the role that the College of Physicians and Surgeons plays in this province.

Now, in this bill a physician has the right to opt out of medicare. Why would they want to unless this government has created a very unfriendly environment for doctors in Alberta? How many of your local doctors, with the exception of maybe the Minister of Family and Social Services, actually come up to you and say, "What a great bill; you're really helping public health care; you're helping doctors"? I really want to know if anybody on the other side has spoken to their family doctor or a specialist or a neighbour or a friend.

DR. OBERG: They speak to me every day.

MRS. SOETAERT: That's my concern, Mr. Speaker, that the only medical doctor they're talking to is the Minister of Family and Social Services. Now, that's worrisome. With all due respect to him as a physician, he may have a biased view given his position as a minister of the government. No disrespect intended to him.

I wonder if anyone has ever spoken to a doctor and they said: "Gee, thanks for bringing in Bill 21. We really worried about that aspect of public health care. We needed you to just thump down on us because it was just getting out of hand." Did they ask for that? No. Have any of you talked to your friends? Don't tell me you're comfortable. You can't be comfortable with this bill when you go to your doctor. You'd better have a good friend for a doctor if you're really sick. But they're too professional. I know they would take care of anyone, and politics would not enter into it.

I have a few other points that I wanted to mention regarding this bill. I was going to try to keep it to about 10 minutes, but then I remembered that the Premier said that we're pushing these through too quickly. So I'll do my best.

A few other things. I'm wondering if these recent negotiations with doctors -- that was a bit tense. Was that the motivation for this bill? Is this a way to control them? [interjection] Ah, I heard something, so I'll repeat it. The minister of advanced ed says that it's a conspiracy. I hope it isn't.

Speaker's Ruling Decorum

THE SPEAKER: Whoa, hon. member. Again it's Bill 21, the Alberta Health Care Insurance Amendment Act, 1998. I have not recognized the hon. minister of advanced education for participation in debate, but I have recognized you, and you speak through me, and you hear no one else.

MRS. SOETAERT: Well, Mr. Speaker, you're asking the impossible, but I will try. You know, they try to lead me astray. You're absolutely right. The other night it was the minister of public works. Tonight it's the minister of advanced education. But I am strong and true to my Liberal values about public health care, and they cannot lead me astray. You are right. Through you, to you. I may hear them, but I'll ignore them. I'm with ya. I'm with ya, and that's a scary thought sometimes. [interjection] See; I'm not talking about lamb chops and steaks here. All right.

Debate Continued

MRS. SOETAERT: I expressed my concern about an unprece-

dented level of discontent among doctors. I don't think they've ever been talking about opting in and opting out until the last year or two. In fact, the minister opened the door to them thinking about that. I don't know why, because if we make this public system as good as we can, why would they opt out? They are dedicated people, and believe me, I could not do their job. I admire them for the ability to do their job, and I think it's a calling. I don't think it's just a 9 to 5 job. It's a calling; they care about people. That's probably why, despite all the cuts and all the chaotic times that they have gone through recently, they stick with the public health care system, because it's a calling, not because it's a job. I admire them for that, and I respect them for that, and I hope they can hang in there through these tough times. I really do. I hope they don't choose to opt out because the door is open for them. I hope they believe enough in the public system to stick with it even though I'm sure they feel underappreciated and not respected for the very difficult job they do.

I wonder how this will set the stage for further private health services in Alberta. In a way, if we make it easy for them to opt out and there's an HRG on every corner, as they open up across the . . .

MS OLSEN: HRG?

MRS. SOETAERT: HRG or Hotel de Health.

MS OLSEN: This government is HRG positive.

MRS. SOETAERT: This government is HRG positive. That's a speaking aid I just provided. This government is HRG positive, and that concerns me. Is that why we are giving this Bill 21 closure? Is that why it's being forced upon us tonight? Is that why the College of Physicians and Surgeons and the AMA are so opposed to it, and they're the very people it affects? Yet we sit here and we will sit here until we've all had our opportunity to speak to it so that it is passed. Well, at least I will be able to say to those physicians out there and to their patients: "Look; I was not in support of Bill 21. I don't think the homework was done. They brought in some amendments but not enough." Why are we talking opt in, opt out? It's never been an issue until this government promoted private health care.

So here we are once again fighting for public health care. When people say, "What's the difference between you and the other party?" I say it's that we believe in public health care and we believe in public education. To me those are the two very strong differences between this party here and the other side of the House.

You know, I find it upsetting that in a letter I know most members of this House received, there were questions about what we are trying to solve with Bill 21. Is there a problem that we're trying to solve? Is that why we have Bill 21? With 4,670 physicians practising in Alberta, only one has opted out. So why? And one of the things in this is the answer to that: because public health care has been underfunded.

11:00

When I think of people in my riding who are on waiting lists for serious surgery or MRIs, I think it's a crime, the games that are played with people because they can't get an MRI right away. If they have maybe severe headaches or blurred vision and the doctor says, "You need an MRI right away," well, you might get in in six weeks or three months, but if you have \$750 we can get you in tomorrow. That's a crime. And you know what? Who living with that wouldn't say, "Well, I'll find the 750 bucks."?

If it's their spouse or if it's their kids or if it's their mom or their dad: "I don't care what it takes; I'll find the 750 bucks."

That's not the Alberta that people deserve, and it's not the kind of health care that I want to see delivered in this province. That is why I am willing to stand here at 11 o'clock at night and speak for 20 minutes, because -- you know what? -- there might be a spark of hope over there somewhere. There might be somebody listening to this, just maybe, to you and through you, Mr. Speaker, that would actually say: maybe we should have a rethink about this bill. It isn't too late. There's going to be a summit and a blue-ribbon panel. Shove it on the table in front of them and say: while you're looking at 37, have a look at its brother 21. Look at them both. And if you think they best serve this province, if you truly think they serve this province and it goes through a proper consultation process that all Albertans, which includes those that are most affected by it . . . [interjections] The consumer groups, the seniors, the young moms. You know, I never saw a doctor more than when I had little children. [interjection] I'm not a young mom any more. Families, especially with young children or somebody with a child who is chronically ill, are there every other day. It's the reality of kids in classrooms and other kids sharing games and toys that they're sicker more often, and you're there. Why aren't we listening to everyone before we pass this piece of legislation? It hasn't happened.

I think the message about Bill 37 got out. The radio shows picked it up, the papers picked it up, TV picked it up, people came to rallies and forums, and in the meantime Bill 21 snuck through. I think maybe as opposition we haven't created enough of a hype that the public knows what's really happening. I think certainly as a government you have not listened to those people who are very, very concerned about 21 or told people exactly what Bill 21 means. Maybe there should be an article in local papers about what Bill 21 will mean to them, the pros and the cons. I'm having a hard time finding the pros.

I know I only have a few seconds left, Mr. Speaker, so I will just wrap by saying that I'm asking this government in all sincerity to just shelve this for a while, to have a look at it again. I don't see the urgency of passing this bill. I mean, they have a whole year to opt in, opt out, or 180 days, half a year. So I would urge this government to really think seriously about holding off on this bill and having a real second sober thought over the Christmas season.

Thank you.

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

DR. NICOL: Thank you, Mr. Speaker. It gives me pleasure this evening to rise and speak to third reading on Bill 21. Bill 21 is basically designed now to bring about some change and to try and clarify a process of how doctors and dental surgeons opt in and out of the public health care system. They need to look at it from the perspective of the set of rules that are brought about to facilitate this, to achieve it and to look at it. As I look through the bill, a couple of things come out that I wanted to discuss kind of in a broad perspective and then some more issues about how that relates to the health care system.

First of all, if we look at the processes that are put together here for the two different professional categories, we see that dental surgeons and physicians are treated quite differently. A lot of people could say: well, that's because they deal with different parts of our health requirements. I think there's more to it than the fact that one deals with our mouth and one deals with the rest of us. But we have to look at it and first of all say: does it clarify the situation? Does it simplify the situation? Does it facilitate the

good operation of a health care system on an equitable basis for those that are involved?

[The Deputy Speaker in the chair]

If we look at the way the process is set up, basically the dentists have a much simpler process to follow than do the physicians. The physicians are identified in a couple of different ways. You end up having to go through processes that are different based on how long you've been out. The dentists have just one basic, "If you're out and you want to get back in, you can get back in with 30 days' notice," whereas physicians in order to get out have to provide 180 days' notice. I guess the bill doesn't explain why that difference, in the sense that a lot of dental surgery is much longer than a 30-day planning process. By the time you get in, get your diagnosis, get your surgery, get your follow-up, it's much more than 30 days to complete the visits. So why is it 30 days and a physician is 180 days? This is, I guess, an inconsistency. A lot of physicians, if they had to pass on medical records, a case, can do it in less than 180 days, just like a dental surgeon could do it in less than that. So why the discrepancy in the time frame for the two different professionals here that basically deal with different aspects of our health?

What we might want to have to look at here is a further breakout. If we're going to start differentiating, maybe we need to have differences for different physician specialists because of the time frame that's required. That's, I guess, the first inconsistency that comes out in how we're looking at this in terms of how it applies to the two different professional groups. When you see these groups wanting to get back into the system, there's again an inconsistency here. If a dentist wants to get back in, all they have to do is give 30 days' notice, whereas the physicians are broken down into two categories. If they've been out for less than a year, they have to get back in by application. The original amendment to the bill had quite a process for that application to follow. The amended bill now is basically notifying the minister, and I guess you just kind of sit around and wait to find out what the minister is going to say, whether he's going to let you back in or not. It says that they can let you back in based on the conditions under consideration by the minister as set out in the regulations. Is that going to look at the kinds of factors that are affected by the current health care system, the competition, where the person wants to practise? Will they get back in quicker if they want to practise in rural Alberta? Will they be restricted in the way they can get back in? How does this set of conditions in the regulations provide a guideline to the minister? It would be nice if we could have a sense that these would be followed in a way that would make for an open process.

We also then see that in the amendments they've dropped the section that says that the minister cannot control the exit or the opting out of a physician, and I guess that was a good move. It basically prevents the minister from keeping a physician in servitude by saying: you can't get out of the system. You've got to allow them freedom of movement, if they really see that as their option.

11:10

I would like also a little bit of clarification. When you read it in one way, there is an option there for emergency procedure coverage even by an opted-out physician. I don't know if that is still effective after the revised section of the bill comes out. Now, you just need to look at that.

Also, I think there's kind of a duplicate reporting clause that

shows up in the bill in the sense that we see under one of the sections here, section (4)(b), that they have to advise patients if they are an opted-out physician, yet in the amending part of the bill, section 8, there's another clause that requires that they notify patients if they've opted out. So there's in essence a duplicate requirement in two different parts of the bill that from my reading say the same thing. I guess if there's something different there, it would help if I could get that clarified. Even though we've now gone through all the amendments, there still seems to be that duplicate part of the bill there where we're dealing with these two different aspects.

I guess the other thing that I'd like to ask a couple of questions on or make some comments on is the approved amendments 5.11(7). When they're talking there that an applicant "under subsection (6) must be in a form acceptable to and contain the information required by the Minister," this is basically a physician who has already opted out that wants back in. It sets out a whole set of processes. They're implying that there's a set of application forms to be filled out to get back in, yet that is relating only to physicians who have opted out of the plan for a continuous period of less than a year. A physician who has opted out for greater than a year doesn't have that same requirement for filling out the appropriate forms.

I guess that needs to be clarified as well. How does a person who has opted out for more than a year go about actually notifying the minister? What form does it have to be in? Is it just a letter saying, "Starting 30 days from now, I want back in.?" Do they have to provide some kind of a guideline of where they're going to practise, how they're going to practise, who they might be affiliated with? How does that all have to fit in? Why is it different for the short-termer versus the long-termer in terms of opting out? We need to have a sense that there has to be a degree of consistency between how the two different classes of opted-out physicians apply to get themselves back into a system that doesn't seem to be consistent and equal for each of them. So that's I guess another aspect that we would like to have a little more comment on or a little clarification on.

Now, I've got a couple of other comments. Section 5.31(1) talks about the person charging or collecting fees from a person in an amount of "goods or services that are provided as a condition to receiving an insured service." In other words, it's a supplemental fee. What's with the person charge? Does this include the physician, or is this like a clinic charging it outside the realm of the physician? It doesn't relate it back to the physician that is being discussed in the context of being in or out of the system or providing the service. So we need to have a little clarification on that one.

This is the same kind of condition that shows up under section 6 of Bill 21, which amends section 5.4(1) of the original act, where they're talking about how the minister may recover additional costs. It sets out basically three different processes. They can go by withholding the amount from any benefit payable to the physician, they can deal with civil action through the courts, or they can pursue negotiation with them. But it doesn't deal with any kind of penalty or recovery of collection costs that are associated with getting that kind of condition or that kind of recovery of the fees for the service that was overcharged.

I guess the final comment that I want to bring up is related to Bill 21, section 11, which amends section 13(2) of the original act. Again, here it basically deals with the request by the minister to provide a whole array of medical services data. I think this has been covered a little bit before, but it really comes down to an issue of control of privacy, control of medical information, and

how this would be related to the right of the minister to strike committees that would have access to that. It would be much more appropriate, I think, when we're dealing with the access to private health care records of individuals in the province that some form of legislated authorization be mandated for committees that would be allowed to get that kind of information from our medical records. You know, it's kind of hard to determine what kind of committee structure might be established by the minister to deal with providing them advice and opinion on the health care system changes that are going on in it, the potential needs. It would be, I think, appropriate that before that kind of a committee gets struck, we have a degree of public consultation and public input, whether it be direct contact with the public or through legislative debate by the elected representatives.

That's basically the kind of issue that comes up in terms of the ability of the minister to access data for use in decision-making through committee structures that are built. I guess that's a concern that I've got and that I'd like to see a degree of clarification on and a little more possible control over, a possible comfort level established so that if this bill gets through, individuals in Alberta will be able to say: yes, we feel comfortable that at least there will be some public debate on the way our data will be handled and the way that it can be used, even if it's inside the ministry for information, to change, upgrade, and improve our health care system. From that perspective, Mr. Speaker, those are some of the issues that come up that relate to Bill 21 specifically as it's amending the Alberta Health Care Insurance Act, and it looks at basically how we go about dealing with physicians that are inside and outside the bill.

[The Speaker in the chair]

In closing my comments, Mr. Speaker, just a few general remarks about the aspect of physicians being in and out of the system. Historically we've had a very strong public health care system, where the services that were provided to Albertans were broadly based across the health needs. There were not a lot of situations where Albertans needed to seek support from physicians or dental surgeons outside our health care system. It seems that now all of a sudden we're putting in place legislation that even though it appears in some ways to provide a closed-gate system of in and out, it also does create a debate about what the ultimate intention and the ultimate ability of physicians and Albertans is to circumvent or work around and move outside of our public health care system, in essence creating a situation where those with the wherewithal or who can afford it can move outside of the system and get a different level of service or a different speed of service for the issue of their own health.

So it brings in a broad debate about whether or not we really need to have this much detail in a bill, that if we had an active, fully covered, and responsive public health care system, there wouldn't be the incentive or the need to be spending a lot of time defining how physicians can get in and out of that public system, because the public system would be satisfactory to Albertans. It would provide them with the breadth of health services that they see as part of a very viable long-term public health care system, and they wouldn't look at it from the perspective of: we have to have alternatives.

11:20

You know, Mr. Speaker, I guess this is becoming a concern. As I look back through some of the records of health concerns that have come to my constituency, it has been quite interesting in the sense that in the last six or eight months we're getting a

number of phone calls now from people saying: "Well, look; I can't get it through the public system. Let me pay for it, and let me have it myself. Don't make me go to the States to do it." In essence, what they're asking for is a two-tier system. Well, it's this kind of bill that facilitates that. If we had a good, active, responsive public health care system that was funded to the point where the waiting lists, the response time for diagnostics, and also the level of concern for the patient was such that we ended up looking at the total cost of the treatment, both in terms of the cost to the health care system and the cost to the patient in terms of lost income, in terms of recovery time, we'd end up with a health care system that wouldn't be having these pressures where we have people saying, "I want to opt out," or "I need to be outside the system," or "I need to be inside the system." This debate now that we are having here would not be relevant in the context of satisfying a public need.

Mr. Speaker, with those comments, I think I've pretty well covered what I wanted to say about the bill. I would ask the minister to explain the differences in the consistencies on the dental surgeons and the physicians and why they have to be treated differently in terms of getting out, the different time lines that are associated with them. That would help a lot when I have to explain what I see as a not in the best interests of public health care bill to my constituents.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for Medicine Hat.

MR. RENNER: Thank you very much, Mr. Speaker. As much as I know I speak on behalf of all members, we've enjoyed the debate here tonight. We are also equally looking forward to further debate in committee on Bill 2. So with that in mind, I would move that we adjourn debate on Bill 21.

THE SPEAKER: Having heard the motion by the hon. Member for Medicine Hat, does the Assembly agree with the motion? All those in favour, please say aye.

SOME HON. MEMBERS: Aye.

THE SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

THE SPEAKER: The motion is carried.

[Several members rose calling for a division. The division bell was rung at 11:25 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Speaker in the chair]

For the motion:

Amery	Haley	Nelson
Boutilier	Hancock	Oberg
Calahasen	Havelock	O'Neill
Cao	Hierath	Pham
Cardinal	Hlady	Renner
Clegg	Jacques	Severtson
Courtts	Johnson	Smith
Day	Jonson	Stevens
Doerksen	Klein	Strang
Dunford	Laing	Tannas

Evans	Lougheed	Trynchy	Forsyth	Lund	Woloshyn
Fischer	Lund	West	Friedel	Marz	Zwozdesky
Forsyth	Marz	Woloshyn			
Friedel	McFarland	Zwozdesky	Against the motion:		
Fritz			Bonner	MacBeth	Paul
Against the motion:			Dickson	MacDonald	Sapers
Bonner	MacBeth	Paul	Gibbons	Nicol	Sloan
Dickson	MacDonald	Sapers	Leibovici	Olsen	Soetaert
Gibbons	Nicol	Sloan	Totals	For - 42	Against 12
Leibovici	Olsen	Soetaert			
Totals:	For -- 43	Against -- 12			

[Motion carried]

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

[Mr. Tannas in the chair]

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

Bill 2
Conflicts of Interest Amendment Act, 1998

39. Mr. Havelock moved:

Be it resolved that further consideration of any or all of the resolutions, clauses, sections, or titles of Bill 2, Conflicts of Interest Amendment Act, 1998, shall, when called, be the first business of the committee and shall not be further postponed.

THE CHAIRMAN: We have to have a vote on this part. All those in favour of the motion as moved by the hon. Minister of Justice and Attorney General, please say aye.

SOME HON. MEMBERS: Aye.

THE CHAIRMAN: Opposed?

SOME HON. MEMBERS: No.

THE CHAIRMAN: Carried.

[Several members rose calling for a division. The division bell was rung at 11:40 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Tannas in the chair]

For the motion:

Amery	Fritz	McFarland
Boutilier	Haley	Nelson
Calahasen	Hancock	Oberg
Cao	Havelock	O'Neill
Cardinal	Hierath	Pham
Clegg	Hlady	Renner
Coutts	Jacques	Severtson
Day	Johnson	Smith
Doerksen	Jonson	Stevens
Dunford	Klein	Strang
Evans	Laing	Trynchy
Fischer	Lougheed	West

[Motion carried]

THE CHAIRMAN: The hon. Member for Medicine Hat.

MR. RENNER: Thank you, Mr. Chairman. It's a pleasure for me to rise and speak at committee stage of Bill 2.

THE CHAIRMAN: On amendment A8.

MR. RENNER: Yes. On the amendment, Mr. Chairman, and if my memory serves me correctly, amendment A8 has to do with standing policy committee chairs. I certainly do appreciate that bit of timely advice.

Mr. Chairman, the amendment that is under debate is suggesting that, like members of Executive Council, the standing policy committee chairs should be included in this legislation. Frankly, I think it would be inappropriate to ask standing policy committee chairs to be subject to the same very rigid and strict rules that members of Executive Council are subjected to. I gave some examples when I spoke a little earlier on the bill, at an earlier stage in committee, with respect to standing policy committee chairs and the reason why I believe very strongly that these individuals should not be subject to this bill.

To truly appreciate the distinction and the difference between ministers of the Crown and the position of standing policy committee chairs, you have to have an understanding of how the government structures itself. The standing policy committee chairs are important and play a very important part in the role of developing policy for government legislation, but unlike ministers of the Crown, unlike members of Executive Council, the standing policy committee chairs do not have the ability to, for example, sign a ministerial order. That's a distinct difference. They are also not seen in the eyes of the public to nearly the same extent that ministers are. So I think it would be unfair to chairs of standing policy committees, for them to be subject to the same rigid application of conflict of interest legislation.

Another rather important difference, maybe not quite so obvious but rather important, is that the compensation paid to standing policy committee chairs is considerably less than that paid to members of Executive Council or to the Leader of the Opposition for that matter. For that reason one of the realities of being a minister is that there is not opportunity to have access to other income, and I think that's fair and I think that's right, but in the case of a standing policy committee chair, that avenue is open to them and I think should be. So by not including them in this legislation, we are in fact providing an opportunity for standing policy committee chairs to serve the critical role that they play in policy development but not tie their hands and restrict them as if they were members of Executive Council.

The other thing that people need to understand is that standing policy committee chairs do not participate in cabinet discussions

with respect to orders in council, and that's again a very distinct role that is restricted only to members of Executive Council, and they do not take the oath of Executive Council. So it's rather obvious, and the more you get into it, the more you realize that standing policy committee chairs are a completely different creature than ministers of the Crown.

The other thing that's important to note is that when an election is called, whenever that election is called, ministers maintain their position throughout the term of the election. That's rather important. Just because there is an election under way, there is still a myriad of business that must be conducted on behalf of government. That same kind of situation does not exist with standing policy committee chairs. Like all other committees in the Legislature, when an election is called, the SPC chairs automatically lose their place and lose the distinction of being SPC chairs and in fact lose the compensation that would be paid for the term of the election.

Finally, an important distinction that we need to understand is the role of the standing policy committees. It's a somewhat misunderstood role, and I think somewhat by the media. The media tends to write stories and give a vision that's not completely accurate about standing policy committees, and I think that frankly the opposition doesn't entirely understand the role of standing policy committees.

What we have is a very, very open system in our government, and when an idea comes forward for a policy change or for proposed legislation, the role of the standing policy committee chair is really one of a facilitator. The chair will organize the meeting and ensure that all members of government caucus are aware of the meeting. They will encourage various public stakeholder groups to be involved and hold a number of public meetings where presentations can be heard from individual Albertans, Albertans that are representing specific organizations within the province, and in that role the SPC chair is very much one of a facilitator, not a decision-maker but a facilitator, encouraging that there's an ample amount of discussion around the table, that the individuals who come and make presentations to their committee have an opportunity to be heard and an opportunity to get feedback from the members at the table and to give information to the members at the table. But, again, that is one of a facilitator, not a decision-maker. The role of a minister is distinctly different, because they are in a decision-making role.

12:00

The other thing that distinguishes a minister from an SPC chair is that the ministers act on behalf of the Crown. That's why we refer to them as a minister of the Crown. They are acting on recommendation of the Crown and through Her Majesty's representative in the Legislature. In so doing, they have to play a significantly different role than that of the standing policy committee chairs because they are in essence acting as facilitators and encouraging discussion in government rather than the distinct role that we see for ministers.

With that detailed explanation, Mr. Chairman, I will resume my seat.

THE CHAIRMAN: Due notice having been given by the hon. Government House Leader under Standing Order 21 and pursuant to Government Motion 39 agreed to December 7, 1998, under Standing Order 21(2), which states that all questions must be decided in order to conclude the debate, I must now put the following question: all those in favour of the amendment A8 as moved by the hon. Member for Edmonton-Norwood, please say aye.

SOME HON. MEMBERS: Aye.

THE CHAIRMAN: Those opposed, please say no.

SOME HON. MEMBERS: No.

THE CHAIRMAN: The amendment is defeated.

[Several members rose calling for a division. The division bell was rung at 12:02 a.m.]

[Ten minutes having elapsed, the Assembly divided]

[Mr. Tannas in the chair]

For the motion:

Bonner	MacBeth	Paul
Dickson	MacDonald	Sapers
Gibbons	Nicol	Sloan
Leibovici	Olsen	Soetaert

Against the motion:

Amery	Fritz	Nelson
Boutilier	Haley	Oberg
Calahasen	Hancock	O'Neill
Cao	Havelock	Pham
Cardinal	Hierath	Renner
Clegg	Hlady	Severtson
Coutts	Jacques	Smith
Day	Johnson	Stevens
Doerksen	Jonson	Strang
Dunford	Laing	Trynchy
Evans	Lougheed	West
Fischer	Lund	Woloshyn
Forsyth	Marz	Zwozdesky
Friedel	McFarland	

Totals: For -- 12 Against -- 41

[Motion on amendment A8 lost]

[The clauses of Bill 2 as amended agreed to]

[Title and preamble agreed to]

THE CHAIRMAN: Shall the bill be reported? Are you agreed?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed?

SOME HON. MEMBERS: No.

THE CHAIRMAN: Carried.

The hon. Government House Leader.

MR. HAVELOCK: Yes. Thank you, Mr. Chairman. I move that the committee do now rise and report.

[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 the following with some amendments: Bill 2. 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 in this report?

SOME HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed?

SOME HON. MEMBERS: No.

THE DEPUTY SPEAKER: So ordered.

[At 12:18 a.m. on Tuesday the Assembly adjourned to 1:30 p.m.]