Legislative Assembly of Alberta

Title: **Tuesday, December 8, 1998** 8:00 p.m.
Date: 98/12/08
[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

[Adjourned debate December 8: Ms Barrett]

MR. SAPERS: I was expecting the leader of the New Democrats to carry on the debate, Mr. Speaker, but I am prepared to do so.

The bill that we're dealing with is one that has caused me considerable consternation. The government seems to be intent on allowing doctors to opt out and providing them with greater ease to opt out of the Alberta health care insurance plan. I would suspect that their reason for that is because they have got some kind of an arrangement made with some proprietors or proponents of private clinics, whether it be HRG, which is the one that we all know about, or the private clinics that are planned by the promoters behind Destination Resorts international.

As we saw, Mr. Speaker, in the DRI prospectus there was a claim that there were going to be world-class private health care clinics established as part of that development and that there were only some political hurdles that had to be cleared before that could happen. I suspect that this blueprint or road map to opting out was one of those hurdles that those proponents, those principals involved in DRI were talking about. We've asked the government to explain whether or not there have been any overtures made to them, and they've refused to answer that question. I think their silence really speaks volumes on this particular matter.

The issue of doctors opting in and opting out and whether or not there needs to be some legislative protection puzzles me for a number of reasons. This Minister of Health either allowed to lapse or repealed a number of regulations to do with doctors opting in and opting out of health care. I would have thought that if this minister, one of the chief proponents and architects of this doctors-opting-out bill, was really concerned about controlling doctors' involvement with the Alberta health care insurance plan, he wouldn't have allowed those regulations to lapse or wouldn't have had them repealed.

I also note that the minister controls enrollment in the plan. He controls enrollment in the plan as a way of ministerial discretion. He doesn't have to rely on the college. He doesn't have to rely on anybody else. That control would change dramatically if Bill 21 became law, and in some ways the minister's control is even weakened. So I find it hard to accept that the government's arguments can be taken at face value, because I see Bill 21 as an erosion.

I also understand from talking with physicians that there is a deemed 30-day notice provision right now. If a physician does want to opt out -- and there is nothing in law to stop a doctor in this province from opting out and going it alone in the private sector -- if a doctor does make that choice, I understand that there is this deemed or understood 30-day provision. This means that right now a doctor has to give the minister and patients notice. Now, that deemed provision really comes about, I'm sure, as a result of some dialogue between the minister, the college, and the AMA. If that assumption is correct, then I guess that minister could have that dialogue once again and could go back to those professional bodies and say: "Look; 30 days isn't very much of a comfort zone for us. I think the people of Alberta could benefit from more than 30 days, so we're proposing maybe 90 days or 120 days or six months. We would like to see that as part of our understanding on how we're going to do business with one another."

Instead of having that kind of dialogue, Mr. Speaker, what this minister does is during one of the most critical times of negotiation with the AMA in terms of the physicians' fee, he introduces a bill that could be nothing short of a powder keg as far as the AMA is concerned. He introduces a bill that could only be disruptive and in no way builds the relationship that one would need so that they could have that dialogue, so that they could reach the mutual understanding in regard to how the people of Alberta could be best served by some regulations or by some language in the contract between the AMA and the government in regard to enrollment in the planned and deemed notice provisions in opting in and opting out.

So when I understand all of that history -- and I don't see the minister correcting any of this, so I must assume that he takes it as true -- it makes it doubly hard for me to accept the government at its word that this bill is a necessary piece of legislation to help protect the universal health care system. I say that there could be nothing further from the reality. The reality is that this bill provides a how-to guide to physicians, and I think that this bill will provide tremendous comfort to those headhunters that are out there right now trying to recruit physicians to come and work inside private clinics. If you follow my logic here for just a minute, Mr. Speaker, what you have is a government that wants to squeeze the public health care system to the point where it is incapable of providing timely access for necessary medical services. That creates a demand for private access to privately paid for services.

At the same time the government does that as a manner of manifest policy, it creates a legislative framework that recruiters can rely on and say to doctors: "Yes, physicians in Alberta, there is now a law that permits you to opt out. Here's the how-to guide. Come and work in our private clinics in Calgary. Come and set up shop in our private clinics in Canmore." If this is in fact the agenda of this government, then I wish they had the backbone collectively just to say so, so that the voters and the taxpayers in this province could make the choice. They could say to this government: we do or we do not support that. Now, I know where the majority of voters will come down on that question. I know that they will stand steadfastly behind universally accessible, publicly paid for, publicly administered health care. That is what Albertans want. They don't want this government's secret agenda of private health care.

Mr. Speaker, it's curious to me that in Bill 21 the government has an ally in the third party in this Legislature. Just before we broke at 5:30, the leader of the New Democrats was speaking about being in favour of Bill 21. Now, I heard that very same member talk about her opposition to Bill 37 on the basis that the government couldn't be trusted, but all of a sudden the government can be trusted when it comes to what they say about Bill 21. I don't understand, except that maybe it reflects a pattern of behaviour. We know that the New Democrats have been anything but consistent.

In fact, I have before me a copy of *Hansard* from June 10, 1992, page 1305, when the then critic for the New Democrats -- they were at that time the Official Opposition -- was talking about endorsing HMOs, health management organizations. You

know, HMOs have had some pretty bad press lately. They could use some help, but I don't think they're going to get it from that hon. member. The then official health care critic representing the New Democrats in those days said the following words:

> I am trying to think through how such managed care systems might in fact be applied to the Canadian system. Perhaps after the regionalization, as is going on in all the provinces, takes deeper roots, maybe there's a way through that that individuals who are residents in that region become enrollees in that system and their care is much more carefully managed. At any rate, I think there are some interesting lessons to be learned there.

An endorsement from the New Democrats for pursuing managed care, which we know is part and parcel of that private health care milieu which the government is trying to promote. Now I'm beginning to understand why that member would support Bill 21, because it seems to be a consistent part of that party's policy.

8:10

Mr. Speaker, when we're looking at managed care -- let me quote from the Jacksonville, Florida, *Business Journal* under the headline of "HMOs Failing State Standards" -- here is a lesson that could truly be learned if the New Democrats and the government are looking for a lesson to be learned about private care. I quote from the *Jacksonville Business Journal* of June 30, 1997.

> Furthermore, 16 of the HMOs were placed under state corrective action plans after failing to meet the minimum financial standards for at least four cumulative quarters. Only one, Foundation Health, has since come off the state list of "sick" HMOs.

Not much of an endorsement for the plan that the government and the New Democrats are now promoting.

Later on the in the *Jacksonville Business Journal* the article goes on to say . . .

Speaker's Ruling
Third Reading Debate

THE SPEAKER: Hon. member, excuse me. I really, really am totally, totally reluctant to intervene, but the subject before the House tonight is Bill 21, third reading debate on Bill 21. I know that all members here are really, really anxious to know exactly the position of the hon. member with respect to this. Part and parcel of the debate is really not the position of someone else with respect to it. I know we're all listening very attentively, at least I am.

MR. SAPERS: Thank you, Mr. Speaker. At the heart of Bill 21, I believe, is a scheme to encourage more private health care. Part of that scheme is enticing doctors to opt into private clinics. The worldwide experience is that private clinics tend to be managed by corporate conglomerates often referred to as HMOs. So these health maintenance organizations, I think, are part and parcel. So what I'm simply doing is offering some insight into HMOs.

Debate Continued

MR. SAPERS: I'll go back, if I may, sir, just to that quote, and I'll be brief.

> HMOs are monitored quarterly to see how well they fulfill their recovery plans. The state may also step in and take stronger actions, but sometimes state oversight comes too late.

These are some of the same states, Mr. Speaker, by the way, that this government would like to model themselves after in terms of deregulation and in terms of moving out of areas of governance that the taxpayers really depend on because nobody else moves in to fill the vacuum.

Mr. Speaker, under the title "Why the U.S. Needs a Single Payer Health System," the Physicians for a National Health Program have made the following observation about managed care. They say:

> Managed care plans in California, Texas and Washington, DC have "delisted" thousands of physicians -- both primary care doctors and specialists -- based solely on economic criteria. One Texas physician was featured in Aetna's newsletter as "Primary Care Physician of the Month", and thrown out of the plan shortly thereafter when he accumulated high cost patients in his practice.
>
> In Massachusetts, BayState HMO "delisted" hundreds of psychiatrists, instructing their patients to call an 800 number to be assigned a new mental health provider. The for-profit firm running Medicaid's managed mental health care plan has just informed psychiatrists that many of them will be barred from the plan as a cost cutting measure.
>
> HMOs are racing to take over Medicare, despite evidence that HMOs have actually increased Medicare costs.

I end my quote there. This is a frightening indictment of that experience, and I think that this should be fair warning to anybody in this province, in the government, and to those who would support this government's privatization initiatives to rethink their position. I can see the Minister of Energy is rethinking his position as I speak.

Mr. Speaker, the Physicians for a National Health Program in the United States look at the Canadian system and look at the Canadian debate and scratch their heads. They wonder what it is that we can't see. They wonder what it is that we have difficulty with that the rest of the world envies. The system of health care in Canada is a model that the rest of the world would like to adopt. We have some of the lowest overhead administrative costs. We have some of the quickest access to some of the best care, particularly in those provinces that continue to fund health care at an appropriate level. The Physicians for a National Health Program and others wonder why it is we want to dismantle that access and that quality of care.

Mr. Speaker, the doctors have not just simply gone on record in their own newsletter in terms of testimony that's been provided in front of federal hearings in the United States. Dr. Douglas Robins, representative of physicians for the national health program, said this on September 8th, 1998:

> Let me close on an optimistic note. "Free market competition" is the mantra that is repeated so frequently in relation to our current economic prosperity. I would submit to you that when it comes to health care, almost all Americans would prefer not to have that competition between multi-billion dollar conglomerates competing on the basis of stock price and shareholder profits -- but instead would rather see their physicians, hospitals, and other health care providers competing on the basis of competence, compassion, and cost-effectiveness. The good news is that we can have that kind of a system, one in which all Americans are included, for a much smaller price than what we are paying for now.

Mr. Speaker, clearly the experience in the United States is that they've gone the route that the Alberta government wants to go. They've traveled down that misguided road. They've gone there. They've pursued what they thought would have been of some benefit, and they've found that they were wrong, and now the physicians and some of the architects of that highly privatized, highly competitive, highly inefficient program of health care delivery service have recognized the errors of their ways and they're trying to come back at just about the same time the government of Alberta is doing just the opposite. I would say that the government of Alberta, of course, is doing that hand in hand with the New Democrats, who can't seem to figure out whether they're for or against universal public health care.

Mr. Speaker, I mention that again, because if we take a look at the experience in this country -- I've talked at some length, for a few minutes here anyway, about the United States. Just let me travel back across the 49th parallel, and let's take a look at our New Democrat neighbours to the east in the province of Saskatch-

ewan and take a look at what that experience has been. I know; I'm amazed by this myself: the highest growth in the per capita private health care expenditures in this country between the years of 1991 and 1998 has taken place in that New Democrat governed province of Saskatchewan. They lead the nation, the highest rate of growth in private health care. Now, Alberta is not very far behind, and it's not often that we see this Conservative government struggling to keep up with a New Democrat government in terms of pursuing privatization, but they're certainly doing that when it comes to promoting private expenditures in health care. The figures, just in case you're interested, Mr. Speaker: the per capita expense in Saskatchewan in 1992 was $514.54, and in '98 it was $690.46. In Alberta it was $604.72, and in 1998 it was $761.72. So dramatic growth in both provinces, but those national leaders, those New Democrats in Saskatchewan, grab the prize.

It had become clear to me when I started doing this research why it was that I noted the inconsistency from the Member for Edmonton-Highlands, but that is almost all by the way, because I don't think those interventions coming from that member will have all that much impact on this debate and on the government's pursuit of this bill. I think what we really need to focus on here is what is behind this government's agenda and what it is that we can do, all those men and women who aren't on the front bench of the government, about that agenda. Because I know, Mr. Speaker, that I am not the only elected member of this Assembly that had constituents phoning and writing and E-mailing and faxing me almost every day about their concerns about universal health care and their dependence on this government to protect it and, I will say, the lack of trust that they have in this government. They do not accept that this government can be taken at face value when they say that they stand firmly behind the Canada Health Act.

MR. DAY: Who doesn't?

MR. SAPERS: The Treasurer asked me: who doesn't trust the government? And through you, Mr. Speaker, to all of my colleagues in the House the answer is: the severely normal Albertans that I hear the Premier talking about don't trust the government. I get faxes and E-mails even from Red Deer; I get phone calls and visits even from Red Deer with people saying that they do not trust this government when it comes to health care. I hear from Medicine Hat. I hear from Cypress. I hear from Ponoka.

8:20

DR. TAYLOR: There are no Liberals in my constituency.

MR. SAPERS: Mr. Speaker, I won't rise to the challenge, but I could name at least two.

MRS. SOETAERT: One of them is his wife.

MR. SAPERS: The other one is his daughter, but that's beside the point, Mr. Speaker. Do I get that 30 seconds back since she distracted me?

Mr. Speaker, if the government recognized that they had a communications problem with Bill 37, I wonder why they're so slow at learning about their communications problem with Bill 21. We have an opportunity -- and I'm talking to all of the members who aren't in the front row -- to do the right thing and turf this bill.

Thank you, Mr. Speaker.

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

DR. MASSEY: Thank you, Mr. Speaker. I'm pleased to have the opportunity to join in debate at third reading on Bill 21. My colleague from Calgary-Buffalo reminded me that this was a rare parliamentary experience to be able to speak to a bill that was under the guillotine under a special clause of the Standing Orders and that we should take the opportunity to speak because it may not rise again.

Bill 21, which is really the companion bill to Bill 37 and really was drafted in anticipation that Bill 37 would be adopted, raises a number of questions, and I'd like to just review those questions and then go back and talk a little further about them. There are the provisions in the bill that surround time limits, the time limits for physicians that are in or out of the provincial plan. There are provisions in the bill that talk to inclusiveness, which medical practitioners are included in the plan and what happens to various practitioners should they desire to no longer be part of the plan. There are provisions in the bill that talk about violations and the kinds of fines for people who are found in violation in terms of extra billing, the kinds of fines that would be appropriate for any wrongdoing according to the law in this area. There are provisions that raise some serious questions about the role of the professional organizations that govern physicians and the role that those organizations should play in this kind of legislation. In fact, what is their role vis-à-vis the health care system?

The context, of course, is an important one, and that's the whole question surrounding private health care and the extent to which the system which now involves private care and private facilities should be further privatized. I guess there's a subcontext that's under way, and that's the ongoing negotiations between the government and the Alberta Medical Association. It's those questions that Bill 21 raises, and it's that context in which the bill is being debated.

I go back to some of the provisions of the bill and the whole concern with time limits and just wonder how realistic the numbers that have been placed in the bill -- the time limits that have been placed on physicians: how realistic are those time limits, and is there really a need for that kind of detail to be included in legislation? Who determines the right amount of time for a physician to be in or to be out before they can re-enter and be part of the plan? So the questions about time limits I think are questions that should be revisited, and even the question about whether they should be included in the bill should be addressed.

The question of applicability amongst practitioners is an important one. Should we treat one medical practitioner differently from another medical practitioner and, if so, on what grounds? In that area the bill remains silent. There's uncertainty in the bill in terms of the coverage of services, and it's a gray area not only in this bill but in the Canada Health Act. I think it's an area where, before the bill is adopted, there is an obligation for clarification so that it's abundantly clear what services are being covered and what services are not being covered by the act.

The linkage between fines and the role of the professional organization I think is an interesting one. I've always had faith in the ability of professional organizations when they are given the responsibility for their membership to do a good job. I wonder what advice the government received from the organizations involved in the setting of these fines and what other alternatives to fines were considered for those people who were found responsible for extra billing. So I go to the question of the role of a professional organization, and when you put in place punitive measures such as these, is that really the road we want to go, and when you start down that road, what is the future?

One of the questions that I kept asking myself as the debate proceeded on this bill through the House was really: is this taking

a sledgehammer to a gnat? Given that one of the 4,600 and some odd different medical doctors has actually opted of this system, is this legislation necessary, and is it overkill in terms of trying to address a problem that doesn't really exist?

I would conclude my comments, Mr. Speaker, with a plea that the bill be delayed. I would think the soundest advice that we could follow is -- it's been given several times -- that Bill 21, as has its companion Bill 37, should be forwarded to the blue-ribbon panel and give that panel the opportunity to look at the measures that have been proposed here and to rethink some of the important elements that have been identified not only at third reading but throughout the debate on this bill.

Thank you very much, Mr. Speaker.

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

MR. BONNER: Thank you, Mr. Speaker. I rise this evening to speak to Bill 21, and I do enjoy the opportunity very much. This bill, the Alberta Health Care Insurance Amendment Act, clearly outlines how dental surgeons and physicians may opt out of the Alberta health care insurance plan and how physicians and dental surgeons may opt back in. Why does the government think they need this piece of legislation? I would think that we need legislation in this province that is going to strengthen our public health care system. It has been long shown that public health care certainly is much more economical, and it serves people much better.

In doing my research I looked and I found that there was only one doctor out of 4,640 doctors in this province who has opted out of the public health care system. Certainly one doctor out of this number should not raise the concerns of this government to such a high degree.

8:30

One of the records that we keep hearing over and over from this government is how it prides itself on public consultation, but on such an important issue as doctors opting in and out of the Alberta health care insurance plan, I don't believe there's been any great amount of public consultation. In fact, I was quite happy to hear earlier how my colleague from Spruce Grove-Sturgeon-St. Albert had talked to her doctor, Dr. Albrecht. Now, Dr. Albrecht also happened to be a doctor of mine when I was working in St. Albert, a very competent doctor and a doctor whose opinions I hold in high regard. When he said that he can't understand how any government would bring in legislation which in any way would jeopardize public health care, then I would certainly respect that opinion, and I would also echo it here.

The next concern I have with Bill 21, Mr. Speaker, is the great hurry to push this through. We have heard and we've seen the Premier react to the new Leader of the Official Opposition, how he wanted to announce a blue-ribbon panel to study health care and that there would also be public consultation in 1999. Now, it would seem to me that if we are finally going to go to Albertans and we're going to go to all sectors of the public health care system and even perhaps some of those from the private system, then why would we not wait until such time as we have heard from all Albertans about their views on Bill 21? Of course, we all know that Albertans spoke very, very strongly to Bill 37, its sister. They spoke in many different ways, by phone calls, with faxes, with letters; they even held public forums. I find it quite disconcerting that there is such a push to pass this bill in light of a strong public reaction to it and to Bill 37.

Albertans have shown us in many different surveys that their number one concern is the future of public health care. When we look at Bill 21, I think this is just another one of those bills that will erode public confidence and support for public health care in this province. [interjections]

MRS. SOETAERT: You got her going, Bill. Keep going. You should talk about those seniors some more.

MR. BONNER: I might get scolded here tonight yet.

Mr. Speaker, in going through the bill, I still do have some questions. Why is there a requirement for 180 days of published notice before a doctor can opt out? Is this a fair amount of time considering that physicians are not employed by the Minister of Health? Why would we want that great amount of power put in the hands of one Albertan? There's no reason at all that one person should have control over a public service as important as our health care system.

It seems that the heart of this government has left. We are no longer concerned about people. In speaking to a former minister in the Getty government, that was one of the comments he made to me. He said to me: Bill, I always thought government was about people. By removing public services such as health care and doctors' care from people, I think that we have to pay particular attention to those wise words.

Now then, again, we look at this bill, and we see that there are cases where physicians can opt back in after an abridged time in circumstances such as remote communities that have a desperate shortage of doctors. Again, Mr. Speaker, this bill certainly doesn't take in context the differences that we do have between our rural and urban situations here in the province. We have a great amount of difficulty attracting doctors to rural Alberta. As my devilish mind went to work, I'm thinking: does this give the minister the power to say to a doctor in an urban setting, "Well, if you want back in, you can get back in, but perhaps you'll have to go to one of our rural northern communities and serve your time there"? Perhaps they might send him up to Whitecourt-Ste. Anne. [interjection] I'm glad to hear that, hon. member, that you don't need any there.

As well, when I look at Bill 21, I also think: is it creating a market of private physicians? I was talking to a young doctor who graduated in Alberta here within the last year, and she thought that she would like to become a physician in the United States. So she went down to study this private health care system down there, where doctors can be in a public or a private system. The one thing that she brought back and that concerns me when I read through this bill is that down in the States at this particular time when doctors apply for jobs, what happens is that they work for an insurance company. In working for that insurance company, the insurance company chooses the patients these doctors will treat. So if there is a particular patient who doesn't have a very good track record or is going to be very expensive to take care of, then they are not treated in this private system. They're pushed onto the public system, where, of course, it is underfunded and the type of care they will get is certainly much less.

Just today we learned that there is another problem here, as well, with Bill 21. We think and there seems to be some evidence to indicate that the Workers' Compensation Board here in Alberta is now paying private facilities four and a half times the amount to do the same work that we would do in a public system. Is Bill 21 going to open that door, Mr. Speaker, whereby we will be paying doctors in a private system four and a half times the amount we would pay a doctor in a public system?

There are just too many inadequacies in Bill 21 at this time. As

well, when I look at this bill, Mr. Speaker, we allow doctors to opt out of the public system. Is this to create a lobby perhaps to lobby in the rest of the province and lobby many members, and lobby Albertans to promote the expansion of a private health care system here in the province? When we do look at the record and the history of what's happened and see that in the last five years alone the spending on private health care in this province has grown from 20 to 30 percent, it causes us all great concern.

Another concern I have with Bill 21, Mr. Speaker, is that it does create a gray area. Presently we have rules that define very, very specifically how doctors can opt in and opt out of the health care system, and they certainly are working well because we've only had one doctor, as I mentioned earlier, who has opted out of the public health care system.

So, Mr. Speaker, with those comments I would like to finish what I have to say here on Bill 21 and conclude with a call to all members of this Assembly that they vote against Bill 21.

Thank you very much.

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

MR. DICKSON: Mr. Speaker, thank you very much. There isn't a lot of sand left in the old hour glass, which may be good news to some members, but to all of those Albertans concerned about where we're going with private health care, we've got some real problems. I'm going to try and address those now.

The first thing I'd like to do is spend a few minutes talking about the process that brings us here.

8:40

MR. WOLOSHYN: No. The bill. The bill.

MR. DICKSON: Well, the process is absolutely an essential part of the bill.

What's happened here, Mr. Speaker, is that as a result of a government motion dealing with the previous question, this Assembly has been deprived of that opportunity should members be persuaded in the course of debate that any part of this bill is offensive, is contrary to what Albertans expect from their public health care system. Ordinarily we'd have the opportunity to recommit an element of the bill back to the committee stage for vigorous, thorough examination, and by action of the government we've been precluded on this bill from being able to have that remedy available to us. Why? What's the problem with that? Well, the problem is that there may well be good reason, compelling reason why this bill ought to be rethought and go back if not to the drawing board, to the committee stage. We've been deprived of that opportunity, and I regret that. [interjections] Absolutely. Somebody queried: why would that be? The short answer is because the government has had recourse to rules which in effect limit debate.

Mr. Speaker, just in that regard, how much debate have we had on this bill to this point? Well, we've had effectively for most Albertans the equivalent of one working day, a little better than eight hours. Eight hours of debate. It was about three hours in terms of discussing the principles.

MR. WOLOSHYN: What did you say in eight hours without repeating yourselves.

MR. DICKSON: It's a question of looking at the principles of the bill.

We've spent five hours at the committee stage dealing with a detailed assessment of the bill. Then we've spent some three hours at third reading. Is that too much debate? If we talked to our constituents and we listened to what they were telling us, I think the resounding answer would be that they would expect more debate, that they would expect more consideration.

MR. DAY: Oh, yeah. They're just phoning by the hundreds.

MR. DICKSON: You know, there may be some members, Mr. Speaker, astonishingly, who are not hearing from their constituents about the dangerous tandem of Bill 37 and Bill 21, but certainly my colleagues are hearing a lot. It may be that Albertans are concerned that they're not going to get a fair reception if they talk to some members, but they've certainly been calling our offices. That's one of the reasons why I think debate should not be abbreviated but should be entitled to go where those arguments take us.

Now, the point I wanted to move to, Mr. Speaker, beyond one of my disappointment with the process, has to deal with fragmentation in terms of the way this government approaches serious, major problem areas like health, fragmentation evident in terms of three different funding announcements.

MR. DAY: Point of order, Mr. Speaker.

THE SPEAKER: Excuse me. The hon. Provincial Treasurer on a point of order.

Point of Order
Questioning a Member

MR. DAY: As permitted under *Beauchesne*, would the member who is interested in debate entertain a brief question?

THE SPEAKER: Well, we'll put the question to the hon. Member for Calgary-Buffalo.

MR. DICKSON: I'd never refuse a request from a member to ask a question, Mr. Speaker.

MR. DAY: Thank you very much. I appreciate that openness.

Debate Continued

MR. DAY: Given that eight hours is seen to be a reasonable time to debate a bill and that we have about three hours on average of debating time per day and taking the number of bills in this session, is the member aware that that means we would be in session for 40 weeks just to do legislation? That's not even the budget. Is he aware, then, that there are not enough days in the year to complete a legislative timetable as proposed by the member opposite?

MR. DICKSON: Mr. Speaker, I'm going to answer it, and I'm going to carry on my discourse. I'd just make the observation that I'm not proud to be part of an Assembly that has the dubious distinction of sitting the fewest days of any Legislature in Canada. This member may think there's some virtue to that, but I think people expect their government to be held accountable and to be responsible, and they know this is the very best forum to do that.

I'm pleased for an intervention, albeit brief, because we have here the very evidence that some of us were looking for. We were looking for some evidence in terms of why we weren't going to have an opportunity to debate this further, and we hear it now. We hear that we've got an arbitrary decision to limit the amount of debate indiscriminately, regardless of the importance of the

issue, regardless of the importance of the bill. Not good enough, Mr. Speaker.

I started speaking about fragmentation: fragmentation in the way services are delivered, fragmentation in terms of the way health dollars are being spent. I'm going to suggest that Bill 21 is perfectly consistent with that theme of fragmentation, and one need look no further than the report my colleague for Edmonton-Riverview made reference to the other night. It's the Accountability: An Action on Health Initiative, June 1997. This isn't some opposition document. This isn't something from the AMA. This is something that's been authored by the gentleman right across there, the Minister of Health. He's the one responsible for this document.

What does it tell us? We have a whole section in here dealing with fees: fee-for-service physicians with hospital privileges, fee-for-service physicians without hospital privileges. We have a comment, and I'm just going to make one brief quote from page 24 in the Minister of Health's own document. Here is what it says:

> Current legislation is silent on the accountability of private practice physicians and their utilization of health authority, community, and ambulatory care resources. The lack of formal accountability mechanisms between private practice physicians and health authorities reduces the accountability of health authorities to the Minister because the authorities do not have all of the necessary tools in place to manage their resources.

So in June of 1997 that's what our Minister of Health is told ought to be a priority concern.

Where is the legislation to remedy that shortfall, that oversight identified in the accountability document? What have we seen in 1998? We saw Bill 22, an aborted legislative initiative that hasn't been brought back. We've seen Bill 38, a bill rife with serious concerns and the lack of an adequate plan. We've seen Bill 37, a bill which the government had to withdraw. This is, I think, the second bill in 1998 that because of inadequate preparation, inadequate research had to be withdrawn. Now we have a bill that does not even address a key issue identified in the Department of Health's own accountability document.

Mr. Speaker, if I have time, I may come back, because I want to develop that further.

When the government is told that here's the legislation you need to put in place to make the health system work better, what kind of audacity would it be for a Health minister to spurn that advice and go down an entirely different path without any attempt to bridge from what's been recommended to what we have here? So once again we have evidence of the fragmentation so characteristic of this government.

Mr. Speaker, there are some elements of the bill which have eluded, I guess, some of our colleagues in the Assembly. I listened to the member from the third party speaking today, and she didn't identify this as being a serious issue, but it's certainly one that concerns me a great deal. If I'm an investor, if I'm a private health insurer, what I want in the province of Alberta before I commit my investment dollars is a stable regime that's going to identify how I'm going to be able to make a buck in terms of private health care in the province of Alberta. We've not really had that. Because we haven't had a specific road map, because we haven't had, if you will, comprehensive legislation in terms of setting out the boundaries and so on, what's happened is that this is being operated as a disincentive to people who would be interested in pushing the boundaries of private health care in Alberta. The cumulative impact of Bill 37 and Bill 21, however, creates the very regulatory regime that private, for-profit health providers have been looking for. What it does is lay out the rules. It sets a framework within which these investors are now able to get other investors. It creates an opportunity for private insurers to set up and expand their work in this province, because we've now provided the regulatory regime they've been looking for.

8:50

I guess if your highest and first priority as Minister of Health and Premier of the province of Alberta was to pave the way for a dismantling of your public health care system and for a hugely overdeveloped private, for-profit system, this would be precisely the plan one would follow right to the letter. We see it implemented here. You know, maybe we should be saluting the Minister of Health and the Premier. They've been able to design the very kind of road map that private health insurers and private health providers have been looking for. They don't talk about it as a road map, as a facilitating device to allow expanded for-profit medicine, but, by gosh, that's exactly what we will have, and one need look no further than the two bills in a cumulative effect. And we see that they haven't followed the recommendations for change that have been identified.

You know, it's not just the accountability document. I saw on my desk a little earlier something from the last Auditor General. What does the Auditor General identify as problems that ought to be addressed by the government of Alberta? Well, lots of concerns around physician compensation models and monitoring the effectiveness of physician compensation agreements to determine whether Albertans are getting the best value, concern about improving performance measurement and reporting through the regional health authorities. But none of those things are addressed in Bill 21. None of those things are going to be remedied in Bill 21.

I had the opportunity the other evening to attend a meeting of the Edmonton academy of physicians and surgeons. There were representatives there: leadership of the Alberta Medical Association; leadership of the College of Physicians and Surgeons; a number of Edmonton physicians, both general practitioners and specialists. I had actually a terrific opportunity to talk to many of those men and women about Bill 37, about Bill 21. I'd just share with members now, because I can see there's some interest in that, the comment from the AMA. I'd just say parenthetically that the reason this is significant is that when the minister introduced his amendment package a couple of weeks ago on this bill, he said, Mr. Speaker, that he had talked to -- I don't remember the exact wording -- selected professionals. So that was curious. You'd think if he'd met with the AMA leadership or the College of Physicians and Surgeons, he'd say, "We met, and they signed off on the amendments." In effect, what I've been told is this. If there had to be this bill, a bill they think is not positive and not remedial, the amendments make it less unacceptable, less intolerable, but they don't completely remedy the problem.

The other thing I want to quickly move to before I run out of time is the linkage. There had been some comment that Bill 21 somehow is completely separate from Bill 37. I'd remind members of the government's own news release of March 30, 1998, describing Bill 21. And what have we got in the penultimate paragraph? I quote.

> Said Jonson, "As part of this government's commitment to the principles of the Canada Health Act, and our commitment to a quality public health system, these steps, along with those outlined in Bill 37, will help ensure continued access to medically necessary services for all Albertans."

The Minister of Health, by his own admission in his own news release of March 30, 1998, has inextricably tied Bill 37 and Bill

21 together. Why is it that now the government suddenly doesn't see a connection? They're two completely separate, autonomous bills that don't intersect, don't overlap, have no relation to each other. Well, on March 30 they had lots of overlap, Mr. Minister, through the Speaker. They still have lots of overlap, and we're in this weird, distorted position. One of the bills warrants some further study, but we're going to proceed right ahead with Bill 21, the bill which isn't responsive to the issues identified by the Auditor General, is not responsive to the issues identified by the minister's own accountability study, and is certainly not responsive to the issues of those Albertans who want quality health care services in an accessible fashion.

Mr. Speaker, we bring ourselves to a point, then, where we've got sort of the worst of all worlds. We limp out of the session, the government limps out of this session with Bill 37 in some kind of a netherworld being reviewed by a group of people who are hamstrung by a set of unrealistically narrow terms of reference. We've got Bill 21 that's going to be trotted out as the answer to a whole range of health care concerns when in fact it misses the mark. Why would the minister not want to take Bill 21 and give it the same sort of attention that Bill 37 would have?

I expect there may be additional members who want to participate in the debate. There is so much to say to this bill, and the bill falls so far short. It's just very, very sad. You know, at the end of the day the ultimate irony is this. Dr. Linda Witham, the physician I met in Red Deer last year to talk about why she had opted out of the health care system -- you know what the ultimate irony is, Mr. Speaker? Her frustration in many respects comes from her difficulty in being supported by a regional health authority, in being supported by Alberta Health, and so we have a sort of self-fulfilling thing. The government doesn't support family physicians, particularly in a lot of rural situations, or didn't more than a year ago. The physician opts out, as much as anything out of frustration with a system that wasn't responsive to her professional requirements, and then that's used as leverage to bring in a bill which addresses a whole set of issues which, frankly, aren't animating any kind of public debate.

So this government has once again missed the mark by such a long distance. It's sort of like lining up at the tee and watching your ball run up to the green on the other fairway, Mr. Speaker. I mean, you may be close to the pin, but you're on the wrong fairway. That's what we say to the Minister of Health tonight, that he's on the wrong fairway. We've missed the target, and we're over there playing with another foursome on the other side of the trees.

Now, the final concern I was going to say is this. There is supposed to be some kind of health summit, and I'm having trouble keeping all these things clear. The College of Physicians and Surgeons, which is unelected, is going to consult with Albertans. The elected government is going to have a health summit with a group of -- well, we don't know -- selected experts, I guess. And then we're going to have this panel of experts. It's all very mysterious, Mr. Speaker. It's all very mysterious.

9:00

THE SPEAKER: We have before the Assembly the motion that the question be now put as proposed by the hon. Government House Leader.

All those in favour of the motion, 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 9:01 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Speaker in the chair]

For the motion:

Broda	Jacques	Pham
Burgener	Johnson	Renner
Clegg	Jonson	Shariff
Coutts	Kryczka	Smith
Day	Laing	Strang
Forsyth	Lougheed	Tannas
Friedel	Magnus	Taylor
Gordon	Mar	Thurber
Graham	McClellan	Trynchy
Haley	McFarland	West
Hancock	Melchin	Woloshyn
Havelock	Nelson	Yankowsky
Herard	Paszkowski	Zwozdesky

Against the motion:

Bonner	Massey	Sapers
Dickson	Nicol	Sloan
Gibbons	Olsen	Soetaert

THE SPEAKER: While the vote is being tabulated, I would just like to advise all hon. members that if in the next couple of months they have to leave Alberta for whatever reason and will be traveling to another part of the world, if they want to visit the Legislature in that province, state, or country that they're in, I would be delighted to send an introductory letter to the Speaker of that particular Legislative Assembly on your behalf if you chose to do that. You just simply advise me. A number of members did that last year and met some very interesting Prime Ministers around the world by simply attending in other places.

Totals: For -- 39 Against -- 9

[Motion carried]

THE SPEAKER: Pursuant to Standing Order 47(2) and *Beauchesne* 51(2), would those members in favour of the third reading of Bill 21, Alberta Health Care Insurance Amendment Act, 1998, please say aye. Opposed, please say no.

[Motion carried; Bill 21 read a third time]

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

MR. DICKSON: Thank you very much, Mr. Speaker.

THE SPEAKER: Just a second, hon. member.
Yes?

MR. McFARLAND: A point of clarification, Mr. Speaker. I just wondered if I could understand clearly what you prescribed to all of us a few minutes ago. Were you saying that in the next two or three months this offer would be available?

THE SPEAKER: The offer is available 12 months of the year.

MR. McFARLAND: But you said in the next two or three months.

MR. DICKSON: Mr. Speaker, I was going to ask why it is you'd only offer a letter of introduction. It occurs to me there may be members interested in traveling the world. We could have a Speaker's tour.

THE SPEAKER: I apologize to the House for that interjection I had with respect to my offer.

Please continue, hon. Member for Calgary-Buffalo.

MR. DICKSON: Just trying to expand on a great idea, Mr. Speaker.

Bill 38
Public Health Amendment Act, 1998

Ms Sloan moved that Bill 38, Public Health Amendment Act, 1998, be not now read a third time but be recommitted to Committee of the Whole for the purposes of reconsidering the proposed section 22.02(1).

[Adjourned debate December 7: Mr. Dickson]

MR. DICKSON: In terms of addressing Bill 38 for the last time -- and I must say that this bill has become something of a old friend, Mr. Speaker, and many of us are starting to feel a little nostalgic that the next time we see it, it's going to be, presumably, an act. We do have the opportunity to refer this back to Committee of the Whole for the purpose of ensuring that Bill 38 had a much broader focus than the one it currently has.

We've heard in this Assembly in the course of debate that the whole notion of public health has moved in a very different direction, that people are now focused on population health. People are focused on addressing those elements of good population health, those indicators of good population health. There was an expectation, Mr. Speaker, that this might have been dealt with in this bill. We don't get amendments to the Public Health Act very often. I think there had been a hope that we would have been able, within the body of this act, to make some very significant change to update a very old statute to be reflective of where population health trends are going.

The Capital health authority held a conference a year ago in the city of Edmonton where they brought in public health officials from not just across Canada but also from Sweden and other nations. Mr. Speaker, in listening to speaker after speaker talking about population health and trends and where things are going in the world, it was clear that in Alberta we have a public health model that frankly speaks to an older time, another time. We're forfeiting here with this bill an opportunity to ensure that public health is aggressively dealing with things that are going to keep Albertans healthy, keep Albertans healthy longer, ensure that, whether it's new mothers, newborns, seniors, we'd be providing those people with the kind of support to lead the quality of life that we would want to see.

Those population health concerns are not adequately addressed in Bill 38. In fact, the only area where you would see them dealt with at all would simply be the one provision in the bill that talks about the public health officer being able to require information about a broad range of things.

Mr. Speaker, we need an emphasis in this province in terms of health promotion and health prevention, and regrettably that's not available to Albertans as a consequence of Bill 38.

9:20

Now, Bill 38 is a tool, but the people who are going to implement it are local medical officers of health. We've discussed in debate before the fact that in this province only six of the 17 regional health authorities have local medical officers of health who have a fellowship in community medicine. Mr. Speaker, I think it's not unfair to say that we may have seen a bit of a consensus in debate. I've been going through and I've been counting up all the times this has been mentioned, and every single time this has been mentioned in this Assembly, the qualifications of local medical officers of health, there seems to be virtual unanimity that we should be moving to a higher standard. I've gone back through *Hansard* just to make sure that I hadn't missed a comment from any government member contrary-minded, and I haven't been able to find it. Now, I may have overlooked something, and it may indeed be that the Minister of Health or someone else has offered some explanation why we would have people being responsible for public health who don't have specialized public health training. It's sort of like saying that in some regions cardiac surgery is going to be done by your general physician, and that's a pretty strange thing.

AN HON. MEMBER: This is in the Public Health Act?

MR. DICKSON: Actually, we have some interest here, Mr. Speaker, late-blossoming interest in this very deficient area in Bill 38. The issue is this: we don't have in most of the regional health authorities a minimum standard to be a local medical officer of health. With that, I'll just have to leave it for others, Mr. Speaker.

Thank you.

MRS. SLOAN: The alternatives are . . .

Speaker's Ruling
Speaking Twice in a Debate

THE SPEAKER: Hon. Member for Edmonton-Riverview, you already participated in this when you moved the amendment.

MRS. SLOAN: Mr. Speaker, if I may refer to Standing Order 29(b) and *Erskine May*, page 336. It speaks to that very issue. *Erskine May* specifically says: upon the moving of an amendment "the course of debate upon another motion which interposes a new cycle of debate and decision between the proposal and decision of the main motion and question."

THE SPEAKER: Hon. member, I would refer you to Standing Order 20(1), which reads, "In a debate on a motion, if a member moves an amendment, that member has the right to speak to both the main question and the amendment in one speech."

The hon. Member for Spruce Grove-Sturgeon-St. Albert on the amendment.

Debate Continued

MRS. SOETAERT: On the amendment. You bet, Mr. Speaker. I'm very happy to speak to this once again. Actually, I spoke to it at great length the other time. I almost got unanimous consent to continue, I think because of the profound thoughts I was bringing forward on this, not questions but just thoughts.

THE SPEAKER: Hon. member, please. There's no request for unanimous consent. You have been recognized to participate in debate on the amendment.

MRS. SOETAERT: Thank you, Mr. Speaker. I was just saying that when I spoke before, it was so profound that people wanted me to speak again. So I am fortunate enough to speak again.

I want to actually just point out a few points in this bill, which I think in the end I'm going to end up voting for. You know, I think there are some good things in this bill. I do. That isn't newsworthy out in the big newsworthy world. All in all, I think I'll support it.

I expressed some concerns and some questions. I do see some concerns about it. I'm not sure if the privacy issues on this bill have been dealt with, just because there seems to be so much power given to the chief medical officer. I can see that being a good thing in some ways. When there is an issue of public concern with some health issue, they can act quickly, and I appreciate that. On the other hand, there's always the issue of the protection of privacy. So I don't know where that balance will be. I think if we hire a very excellent chief medical officer, then that probably won't be an issue, but that is an awful lot of responsibility for just one person.

[Mrs. Gordon in the chair]

Changing the membership of the appeal board to five members rather than seven to 11 will probably work, but I wonder why that was. Was it difficult for people to get together? Is this appeal board not an efficient system? I always like to think that the more we have, the better the consensus is.

THE ACTING SPEAKER: The hon. Member for Calgary-Egmont.

Point of Order
Relevance

MR. HERARD: Yes. Thank you, Madam Speaker. It's 20(2): "A member, other than the mover, speaking to the amendment must confine debate to the subject of the amendment." The amendment deals with section 22.02(1). There are four items in that section, and I think we're hearing debate that goes far beyond those four items.

THE ACTING SPEAKER: I thank you, hon. member, for those astute comments. He is absolutely right: we have a very small window here that we will be addressing. The Official Opposition are the movers of this motion, and I would ask you to confine your comments to that scope.

MRS. SOETAERT: Thank you. I thank you because I wouldn't want to go off on a tangent. I want to stay very focused on this debate. It is specifically on the job description for the chief medical officer and all it entails.

Debate Continued

MRS. SOETAERT: I think I brought up concerns about the chief medical officer in some of my other concerns. One of them was thinking of examples where he or she may be able to walk in and close a facility or a school, a public place. I think that kind of control without some guidelines and regulations should be of concern to us unless the regulations are to follow. You see, because the chief medical officer doesn't have to report to the Assembly . . .

AN HON. MEMBER: Ever, ever.

MRS. SOETAERT: I didn't realize it was ever, ever.

So the chief medical officer never actually has to report to the Assembly. Then that is cause for some concern, because he should. That's why we're all elected. It's a question of accountability. That's a person who holds a great deal of responsibility, and I'm sure someone with a great deal of knowledge on health issues and administration -- it sounds like a superperson to me. I don't know who they're going to hire. There may be several. Dr. Fanning may come back.

DR. TAYLOR: We're going to hire you.

MRS. SOETAERT: It's a suggestion that I be hired, but truly, I don't think that's my area of expertise. I think it's just right in here, keeping this Assembly a lively place to be.

Speaking to the fact that this chief medical officer never has to report to the Assembly. Certainly they'll have a staff and a budget. Why couldn't they put together a concise report about what's happening? Surely that's in the public interest of all of us and all the people of Alberta. Maybe there are some issues that we should all know about. Maybe he would report on issues of public concern in the Swan Hills area. Now, I would think that concerns more than the people around Swan Hills.

AN HON. MEMBER: What about Bovar?

9:30

MRS. SOETAERT: Bovar: we don't want anybody connected to that because that would be a public concern. [interjection] So I'm set now.

The other concern that I'd just express concerns about: the chief medical officer "may give directions to regional health authorities." Direction: does that mean a direct order? Do they have to listen to what he's doing? Is that a suggestion, or when he gives a directive, must it be followed? Does anybody know what authority he has? Or is that still . . . [interjection] I know he can direct it, but do they have to actually listen to his directives? They have to do exactly what he says? Can they appeal it? That's another good point.

In fact, the chief medical officer is a "liaison between the Government and regional health authorities, medical officers of health and executive officers in the administration of this Act." So he's a liaison, yet he gives directives. I don't get that. There's something missing here. I think that something's unclear, unless there will be regulations to follow and a job description set out that really clarifies these things. So of course we're going to express concern until we have seen those regulations.

Now, the chief medical officer also will, "on behalf of the Minister, monitor the health of Albertans and make recommendations to the Minister." That's a huge job. "Monitor the health of Albertans." What kind of staff is he going to have? Where's his office going to be? What are his or her resources? If we're lucky, it could be a her who's very knowledgeable.

"To protect and promote the health." Well, I am hoping that this person -- and I'm assuming it will be appointed by the minister -- is a nonpartisan person whose best interests are for the public health of the people in this province. Just imagine if that chief medical officer had to report to him about -- and I do use the example of Swan Hills and the concern that I think all of us do or at least should have about the quality of air and the quality of the environment around that area. [interjections] It's good air over here; it's kind of thick over there.

Now, let's say that the chief medical officer only has to report to the minister, and the minister -- this minister would never do

that, and I'm not assuming that he would -- wanted to keep a real public health problem quiet just for awhile when in reality maybe we should be evacuating people from that area. I wish that this chief medical officer were a bit more arm's length from the government, that he reported back to the Assembly, that he wasn't tied by a minister -- not this one of course, Madam Speaker. He would never, you know, tie the chief medical officer just in knots over what he or she had to report. Certainly I think this should be a far more independent body, and that's one thing I wish were different in this bill.

Another point. This chief medical officer is "a liaison between the Government and the regional health authorities." It kind of reminds me of the knot that the superintendent of schools is tied into. He has two bosses. He reports back to the school board and he reports back to the minister.

MR. DICKSON: Good analogy.

MRS. SOETAERT: It's amazing what one can think of.

So that is also an issue of equity. Why do we have different reporting issues? Does the chief medical officer, if he has an issue with the government that he doesn't agree with and has to relay that to the health authority, or vice versa, that the health authority may have an issue that they want him to represent to the government, I see that person put in a bit of dilemma, you know, at cross-purposes. His mandate is obviously public health, yet he could be caught in the politics between a regional health authority and the government. So once again, if he or she were more at arms's length and reported to the Assembly, I think that gives that person the true power of that title. If he truly is the chief medical officer, then give him the power that this would entail: make him answer to the Assembly. [interjection] Absolutely. I have almost everyone agreeing with me.

Another point I have here is that the chief medical officer "shall monitor activities of regional health authorities, medical officers of health and executive officers in the administration of this Act." I don't know how one person can do this. This is a huge responsibility. We have 17 health authorities. I'm assuming that there must be a staff and an added cost with this, which will be interesting to see. I think it's an important role; I do. But I would be interested to know the details.

Through the Speaker and to the Assembly, who are all attentively listening, I would like to know the details that will be involved with the role of this chief medical officer. That's always the concern of people in opposition, because we're expected to support a bill without knowing all the details. I can respect that some of them take shape -- and with this government it's kind of a hit-and-miss thing. It's kind of, you know: as we go along, let's figure how this works. But if some of those regulations were in place beforehand, it would certainly give me a level of comfort, and I could probably support this bill without talking two or three times for 20 minutes. However, since I still have those concerns, I still want to express them.

Another area that concerns me is that if we have a public health issue that will affect the economy and the chief medical officer knows the information -- and it could be an agriculture issue, it could be pollution. I mentioned the Swan Hills thing. It could be some outbreak of HIV, AIDS, or tuberculosis, those kinds of things. Then I think that this person, if he's tied to the minister that closely, may hold back some of that information, and that's why I'm concerned about this. I think specifically of the Mistahia region that has a high rate of birth defects and miscarriages, I believe. I think that should be investigated. I'm not sure if that's one just for the chief medical officer. Certainly the department should be looking into it and documenting and doing some homework, because I think people up there need to know what the causes are of it. Maybe it is environmental. Maybe it is. Again, maybe it's lifestyle. Who knows? Through the chair, through you, Madam Speaker. I think that the chief medical officer has an important role there. I still think he should report to the Assembly. So I have some concerns about the chief medical officer.

MR. DICKSON: You're doing very well, Colleen.

9:40

MRS. SOETAERT: I think so too.

I still have concerns, but I'm almost concluding my remarks.

MR. DICKSON: Share all of them with us.

MRS. SOETAERT: Share all of them? Okay. I think I've pretty well shared all I'm going to tonight.

I do want to just say, finally, that I do think this chief medical officer should report to the Assembly, not to just one minister. No disrespect intended to this present minister, because I know he would share all that important information with us. But it could be another minister who didn't share those things. Imagine if it was the Provincial Treasurer who became the Health minister. [interjection] Yes, that's an interesting analogy, because for example, we can't get information about ATB because somebody reports to the Treasurer. There's the same analogy: the medical officer just reports to the Health minister. We'd ask a question in here, and the answer might be: "Well, that's a public safety concern that we can't share with you right now, hon. member. We've sent it to the chief medical officer's office, and he'll be reporting back to us. We'll white out some of the pages of his report, but we will share it with you after that."

Speaker's Ruling
Relevance

THE ACTING SPEAKER: Hon. member, do you remember when I said let's keep it in the parameters of the motion?

MRS. SOETAERT: Yes.

THE ACTING SPEAKER: I don't know what that has to do with the motion.

MRS. SOETAERT: Thank you. I'm thinking this chief medical officer might be pretty wide. However, probably not. Maybe I should be on the committee to hire that person. That would be an exciting time.

Debate Continued

MRS. SOETAERT: You know, I don't want to waste the Assembly's time. I know the Premier wanted us to speak to bills as often as we could, because we weren't doing that enough, as he said, so I'm really grateful to have this opportunity to speak once again.

MR. WOLOSHYN: Well, do it then.

MRS. SOETAERT: I'm done, hon. member. Stony Plain is leading me astray again. He tried the other night. I was talking about lice in schools and what the chief medical officer could do, and he became rather nit-picky and hopped into the debate. I didn't want to go there again, but he's done it to me.

THE ACTING SPEAKER: Do you think, hon. member, that maybe you'd like to step out and have a coffee or something?

MRS. SOETAERT: Not yet. You don't know what caffeine would do to me, Madam Speaker. I don't need a coffee, thanks, because I get a rush just from being in this building.

So I will conclude by saying that I do have some concerns about the role of the chief medical officer. I think it's going to be a huge responsibility and a huge job, and I look forward to the process for hiring that person and for the role that he or she will play in our province. I think it's a very important role. I don't want them to be in a conflict, ever. I want their first concern to be public health, public safety, not what will make the government look good or bad but what is good for the people of Alberta.

I'll leave it with those remarks, expressing those concerns. I know the new chief medical officer will appreciate my concerns.

Speaker's Ruling
Decorum

THE ACTING SPEAKER: Hon. member, this time I have to look to this side of the House. Please. We are dealing with the recommittal amendment, and if any people on this side wish to be on a speaking list, please forward your name. I'll be glad to put you on there. And there's no singing, hon. Treasurer.

MRS. SOETAERT: Well, I've been trying to wrap up my speech for probably 10 minutes, Madam Speaker, so I'm really going to do it this time. [interjection] You want to hear me rap? You don't really want to.

Debate Continued

MRS. SOETAERT: Finally, with those concluding remarks about my concern about the need for him or her to be impartial, to report to the Legislature and not to one minister; that the first concern has to be public health, public safety and not making a government look good, look bad, but caring and concerned about the public health, the public safety of this province.

Thank you, Madam Speaker.

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

MS OLSEN: Thank you, Madam Speaker. I just want to speak to this amendment as well. I think there is some value in this amendment by going back to Committee of the Whole for the purpose of reconsidering section 22.02(1). We've spoken in this Assembly about the need for accountability and the need for a little bit of control, especially in relation to the chief medical officer, who by virtue of this very bill has very broad, extremely broad powers to detain people. There are very few people who have that ability other than police officers. My concern is that when we look at these sections and we look at subsection (b) of 22 . . .

THE ACTING SPEAKER: I think it's terribly rude that when you are speaking, hon. member, the Member for Edmonton-Glenora would be yelling across the Assembly. The Member for Edmonton-Norwood has the floor, hon. member.

MS OLSEN: Thank you, Madam Speaker. [interjections] Yes. He humbly apologizes. Thank you.

I guess I am concerned about the whole notion that the chief medical officer -- it says in this bill -- "shall act as a liaison between the Government and regional health authorities." Well, "shall" is a very strong word, and that's all very fine and dandy. My question is: how, in fact, does he report? Is he reporting his . . . [interjections]

Madam Speaker, it's really tough to concentrate.

Speaker's Ruling
Decorum

THE ACTING SPEAKER: Hon. House leader, I have just said something to Edmonton-Glenora, and I'm going to say it to the front bench over here. Edmonton-Norwood has the floor, and I would ask that we try to maintain some decorum here. Let us get through the debate that's taking place here without interference.

Thank you.

MS OLSEN: Thank you, Madam Speaker. I'm sure that the House Leader will abide by your decision here. [interjection] That's the Government House Leader, absolutely.

Debate Continued

MS OLSEN: I am concerned, and I'll go back to the whole issue of reporting and this whole notion that the CMO "shall act." That means he must do this. But under what vehicle? If he doesn't report to the Legislature, which in my view is quite interesting given the broad powers of this individual, how does he report? In an annual report? Does he report on the activities of the regional health authorities, of the medical officers, of the executive officer? This is fairly expansive. I hearken back to that notion that if we have somebody with those broad powers, that person should be reporting to this Legislative Assembly and not just to the minister. I take the point of my colleague that it's not that this particular minister or any minister for that matter would do anything untoward. However, it allows for a little bit of a broader discussion on the responsibilities and the reporting. So I think that going back to committee and looking at strengthening this particular section is essential.

With this section 22.01(1) we also have the chief medical officer acting on behalf of the minister. It says here again that he

> (a) shall, on behalf of the Minister, monitor the health of Albertans and make recommendations to the Minister and regional health authorities on measures to protect and promote the health of the public and to prevent disease and injury.

Well, what happens if there's a conflict? What happens if the CMO believes that there is an urgent issue? We can take any area in this province, and he sees that there's an urgent issue, but the regional health authority does not have the ability, Madam Speaker, to implement and promote programs or preventative action at the request of the CMO. Where is that dough going to come from? Is the Minister of Health going to lighten his pockets and put more money into the regional health authorities so they can abide by what this act says?

9:50

Let's not forget the word "shall" here. If he does in fact report and make recommendations on public health prevention programs and other prevention programs, who's going to pay for that? The regional health authorities right now, I might add, are running deficits. We're already underfunded. There are already numerous problems within the regional health authorities. Let's also not forget, Madam Speaker, that the regional health authorities are not elected.

So again we have the chief medical officer who's not elected, who has broad powers. We have the regional health authorities,

that group who's not elected, running deficits to keep up with health needs in communities. Does this mean that the act is going to have to be carried out, because it says, "shall . . . make recommendations to the Minister," imposing a financial burden on a regional health authority? I'm not sure, Madam Speaker, that's something we want to see happen. I'm concerned about that particular conflict.

What does "shall monitor activities of regional health authorities, medical officers of health and executive officers in the administration of this Act" really mean? Does that mean that the chief medical officer is going to vigilantly every day, week, or month find out from every regional heath authority, from all the executive officers exactly what's going on, or is this going to be a yearly reporting, Madam Speaker? I think we have to give that some thought and consideration. How is this going to be carried out? It's all very fine and dandy to have a bill, but what's the implementation stage of this? How is this going to be carried out? We don't see that in here, so I'm a little concerned about that.

Also, the chief medical officer

> may give directions . . .

This is a different word now. We've gone from "shall" to "may."

> . . . to regional health authorities, medical officers of health and executive officers in the exercise of their powers and the carrying out of their responsibilities under this Act.

Again, we have some fairly far-reaching powers under this act. Does that mean, then, that the chief medical officer is going to delegate his responsibility to the RHAs, another unelected body? Then we're going to have reporting back to the CMO, reporting back to the minister. What gets lost in that translation? I might consider a number of things.

So are the left and the right hand going to know what's going on? It doesn't seem to be happening now within the health care system. The minister and the Premier can't even agree on or don't advise each other on health summits and things like that, so why would I think that would be any different here? We need to have that clarified, and I think it's a matter that certainly needs to be addressed.

I'm not convinced that this bill is a bill that is in the total best interests of Albertans. I mean, we have those broad powers, and although the intent of this bill is great -- it can do a lot of things in some areas that I can think of that I've worked in and environments that I have been exposed to in my past profession. Those environments in fact require some of the work of the public health officials. So in that sense, great; we have some protection. We have the need to look at public health in a very serious way, and there are some very, very serious concerns. But when I look at the powers of a chief medical officer, the powers that can be wielded by one man, unelected, unaccountable to this Legislature, I have some serious concerns.

The other thing I think about is that it's easy, then, for the Minister of Health to escape any accountability or responsibility. He can just download all of that to the chief medical officer, so he never really has to be accountable.

MR. DICKSON: Let's have him report to the Assembly.

MS OLSEN: Exactly. I mean, we don't have any system of reporting.

So I guess, Madam Speaker, in the interest of us the Alberta legislators creating the best legislation possible for Albertans, it would be in the best interest of everybody to support this amendment, revert back to Committee of the Whole, and see how we can strengthen this bill, because prior to it passing, I think it needs a little bit more discussion and a little bit more review.

I'm sure that my colleague the hon. Member for Calgary-Buffalo probably has some amendments he would like to put forward. We can help. I think it's incumbent upon us as opposition MLAs to help the Health minister make the best possible health legislation in this country. We can do that because we have the skills, and we have the ability, and we have the technology. You know, we can be very helpful. [interjection] Oh, the accordion; right? You want me to speak within the framework? Right.

You know, we could form a committee. We wouldn't have to call it the health summit or anything. It could be the public health committee, and we could help the minister. [interjection] I'm getting help, Madam Speaker. They're inciting me. My colleagues are inciting me. They want me to keep going.

I understand what you're saying. You want me to stay within . . .

THE ACTING SPEAKER: Yes, please.

MS OLSEN: . . . the parameters of this amendment and this bill, and I think I've done very well.

I would like to say to the hon. minister, through you, Madam Speaker, that we can help. We can help to make the best legislation possible, and we're available, so maybe even consider us to help with Bill 37. I betcha we could do that too.

With that, Madam Speaker, I'll take my seat, and hopefully somebody else will speak to this very urgent amendment.

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

MR. SAPERS: Thank you. The amendment before us . . .

Speaker's Ruling
Decorum

THE ACTING SPEAKER: Excuse me, hon. member. Before you start, maybe we should just wait until the dialogue between your side of the benches and this side of the benches has finished so that you can carry on. Edmonton-Riverview and Provincial Treasurer, why don't you go outside and have a conversation?

Go ahead, Edmonton-Glenora.

MR. SAPERS: There's a lot of this asking people to go outside, Madam Speaker, and I don't think that's necessary.

THE ACTING SPEAKER: Did you want to talk over the noise, hon. member?

MR. SAPERS: Pardon me.

THE ACTING SPEAKER: Did you want to talk over the noise?

MR. SAPERS: I've been known to do so, Madam Speaker, but I know that my colleagues will co-operate as long as they're not provoked by the members of the government front bench.

THE ACTING SPEAKER: Well, what's good for this side is good for this side and vice versa. Okay? Now that we have it straight, let's go.

Debate Continued

MR. SAPERS: All right. This motion to recommit is an ironic motion.

MR. DICKSON: It could be tweaked at committee.

MR. SAPERS: Yes, hon. Member for Calgary-Buffalo. The bill could be tweaked at committee. There. That's on the record.

The tweaking at committee wasn't the irony that I was speaking of. What I was speaking of is that I know from the time I have spent talking to those proponents of public health that they have waited a long time for the issue of public health to receive this much attention in the Legislative Assembly of Alberta. I know that they have gone to the minister, the minister's predecessor, and probably all members of this Assembly demanding that public health get its due.

10:00

One of the failings, I think, of regionalization in many ways was the fact that just when public health was beginning to come into its own and be recognized, being given a discrete budget, the regionalization happened, and a lot of it just got swept away. All of the great strides that public health practitioners had made in terms of dealing with health as a holistic issue and dealing with population health and focusing on prevention instead of on curative programs -- a lot of that got just squashed in this government's unplanned, headlong rush into the dismantling of many parts of the health care system.

I see I'm testing the patience of the chair.

Speaker's Ruling
Relevance

THE ACTING SPEAKER: Yes. May I remind you that we are talking about the recommittal amendment. We are dealing with a particular section. I have asked everyone else to relate to that particular section, and I would ask you to do likewise.

MR. SAPERS: Absolutely. I'm only reflecting momentarily on just the irony that we are talking about that.

THE ACTING SPEAKER: I've allowed you a lot of leeway thus far, hon. member.

Debate Continued

MR. SAPERS: So that brings us to today's debate on recommitting Bill 38, the Public Health Amendment Act, and the particular concerns that we have around the chief medical officer of health.

Now, one of the concerns I have about the chief medical officer of health, as it has been brought to my attention by the very wording of section 22.02(1), is that in clause (a) it reads that the chief medical officer "shall, on behalf of the Minister." I don't have to read any further in this section before the little hairs on the back of my neck stand up and I am just made to be ultimately acutely aware of the danger of that little phrase: "shall, on behalf of the Minister."

I don't want this Minister of Health to take this personally, because I think this Minister of Health does the best he can. I think this Minister of Health, while he sometimes is slow to act on the advice of the Official Opposition and of Albertans, eventually gets to the right place, like he did with Bill 37. We're here to help that minister do the best job that he can, and we'll continue to do that. So I don't want this minister to take this personally. But as soon as I read the words "shall, on behalf of the Minister," I get a little panic attack, because I've seen the way that other groups, other bodies, other appointed individuals have been treated by ministers of Health in this province while acting on behalf of the minister.

It wasn't that long ago that we had the Provincial Mental Health Board, which became the Provincial Mental Health Advisory Board, which has had a lot of problems getting their message across in terms of advising, not because of any lack of their efforts but because of an apparent lack of hearing at the ministerial office. We've seen the way that the Provincial Health Council, which was born of crisis, appointed and being tasked on behalf of the minister to report only to the minister, to investigate things that only the minister wanted investigated, has been ignored, made redundant, cast aside -- I don't know; call it what you will. But they certainly haven't been reappointed. Mr. Minister, through the chair, are they going to be reappointed?

MR. JONSON: In due course.

MR. SAPERS: In due course, I'm being told.

Of course, that Provincial Health Council was acting on behalf of the minister. We saw the Health Planning Secretariat and the Starting Points and the roundtable on health, that sort of grandfather of all the health roundtables and summits and task forces and groups and meetings, ignored. If they were not ignored, then on behalf of the minister it was just cherry picking going on: of all that work from all those groups, only those suggestions or those recommendations that seemed to reflect the government's preordained, preselected conclusions. "Shall, on behalf of the Minister." These are frightening words in Alberta in 1998. This is a chilling message to people who really care about public health.

As soon as it says "shall, on behalf of the Minister," what we're really being told is that the Minister of Health, not necessarily this minister but any Minister of Health in this government, will do not the bidding necessarily of the public good but will do the bidding of cabinet. I would say that these are not always the same thing, though they're not always not the same thing. I'm not going to say that this government has done nothing of value, because I'm sure that they have, but when it comes to health care, Madam Speaker, I don't think we have to look very far to find that Albertans are suggesting that this government has failed them and has failed them miserably.

So when we see in this bill those words, "shall, on behalf of the Minister," that red flag just waves. If for no other reason, that reason alone is enough for us to do what we must do in this Chamber: send this bill back to committee so that this section can be reviewed, can be debated, can be amended, so that we can make sure the chief medical officer of health always is acting in the public interest and not just at the beck and call of the minister and his business partners in cabinet.

Now, it seems to me that if that reason itself is not enough . . .

DR. WEST: How would you like to go to the polls tomorrow?

MR. SAPERS: I didn't hear what the Minister of Energy had to say.

THE ACTING SPEAKER: I don't think we're going to.

MR. SAPERS: Well, that would be entirely your call, Madam Speaker.

THE ACTING SPEAKER: That is my call.

MR. SAPERS: Well, I just thought that since he's groaning and grunting, he might want to get something on the record. But I don't want to, you know, give up any of my speaking time to him, so I'm just wondering what your advice is.

THE ACTING SPEAKER: I would suggest that you look just this way and carry on and the hon. Minister of Energy is going to . . .

MR. SAPERS: Will he stop shorting out?

THE ACTING SPEAKER: Yes, he will.

MR. SAPERS: Good. Thank you.

So if those reasons aren't sufficient for members in this Assembly to vote in the affirmative on this very innovative motion, as moved by my colleague from Edmonton-Riverview, then I would argue that we can certainly be suspicious of the lack of reporting.

Now, we spend a lot of time in this Assembly talking about accountability. In fact, we have this government pushing a bill to closure, the Conflicts of Interest Amendment Act, which is at its heart a bill about accountability.

THE ACTING SPEAKER: What does that have to do, hon. member, with the recommittal amendment that we have before us?

MR. SAPERS: Madam Speaker, what I was saying is that the question I have is about reporting and the chief medical officer reporting, which is an issue of accountability. I'm just saying as a matter of comparison that we spend a lot of time talking about accountability. We have a bill that's even gone to closure by this government on accountability. So certainly there's no lack of awareness about accountability issues.

I'll note that Alberta Health in June of '97 published a report called Achieving Accountability in Alberta's Health System: A Draft for Discussion and Accountability: An Action on Health Initiative, a government document. Lots of attention being paid to the issue of accountability. Unfortunately, it seems to be lip service, because we don't see anything in this bill that would compel us to believe that the government is serious about accountability in this matter. The medical officer of health doesn't have to be accountable for all of these broad powers that we would be handing him or her.

So, Madam Speaker, how are any of us able to go back to our home constituencies, wherever they be, and say: "It's okay; trust us. We delegated all of this power to this person, and just trust us because it's okay. You know, we know better." Well, the fact is we don't know better, and the legislation doesn't even allow us to ask the right questions.

Now, let's say that the chief medical officer of health for some reason wanted to quarantine an individual. Let's say they wanted to quarantine the member from Ponoka. The chief medical officer could say: well, you know, the member from Ponoka represents a public health hazard, so I'm going to quarantine him; I'm going to lock him up. Then we find that this member, because of the powers in this act, is put away and taken away from his duties in this Chamber, his responsibilities to his constituents. We would have a case where this chief medical officer of health doesn't even have to be accountable. All he has to do is say that he believes, based on his judgment and his training, that that member from Ponoka represented a public health hazard.

Now, Madam Speaker, I'm not suggesting that a Minister of Health that doesn't do everything he can to promote public universally accessible health care is a public health hazard. I'm not saying that. I'm just saying that if somebody was to leap to that conclusion and quarantine that member . . .

10:10

THE ACTING SPEAKER: Hon. member, just where are you going with all of this?

MR. SAPERS: Well, Madam Speaker, section 22.02(1) . . .

THE ACTING SPEAKER: Talks about a chief medical officer, not the member from Ponoka. All right?

MR. SAPERS: But the chief medical officer has the power in this act to quarantine any one of us if they perceive us to be a public health hazard, and they don't have to report on it because of faulty drafting in this legislation.

So, Madam Speaker, I don't think it's hard to understand what the relationship is. The relationship is that there is a real fear that if this chief medical officer oversteps his authority, there is difficulty in bringing him back in. If this chief medical officer makes a mistake, there's not a lot of accountability in this Assembly. There may be outside of this Assembly. There may be things that the minister can and should and would do, but the minister doesn't act alone in defence of public health in this province. Every man and woman in this Assembly has a responsibility for acting in this regard.

I would say, Madam Speaker, that if we do not send this bill back to committee so appropriate amendments can be made, so that safeguards can be built in, so that protections can be added to this act, we are doing a huge disservice to our constituents and to public health in the province of Alberta.

Thank you, Madam Speaker.

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

MS LEIBOVICI: Thank you, Madam Speaker. We've heard some rousing speeches this evening with regards to the chief medical officer of health, and it's brought me to my feet, quite literally, to talk about it as well.

The motion is a recommittal motion, and I believe it is a very reasonable motion in that it requests that section 22.02 be recommitted back to the Committee of the Whole stage so that in fact we can have debate on this particular clause within the Public Health Amendment Act, 1998. In fact, what this would allow us to do and would allow the minister to do, if he so desired, would be to bring in further amendments in order to ensure the public that their best interests are being met with regards to this particular bill.

[The Deputy Speaker in the chair]

Now, when we look at the bill and in particular at section 22.02(1), which deals with the chief medical officer, it is a section that deals in particular with the powers of the chief medical officer. As we know within this Legislative Assembly, it is very important for us to ensure that powers are tempered with responsibility, with accountability, and that powers are used with great discretion. Now, in looking at this particular section, it is interesting to note the differences in the wording, and the Member for Edmonton-Glenora did point out some of those differences in the wording. It's the wording, Mr. Speaker, that in fact allows for particular interpretations to occur if there are misunderstandings as to the powers of the chief medical officer.

Now, the chief medical officer, interestingly enough, may be appointed by the minister. There's no indication here who else could appoint that chief medical officer. It's unfortunate that in fact we have not had further elaboration on that point, because the powers that are provided under that particular section, 22.02(1), that talks about the powers of the chief medical officer in fact are very broad. Those powers are of a nature that is a mandatory; in

other words, a "shall" power as opposed to a discretionary or a "may" power. So here we have a situation where an individual has a fair amount of control, where there is no job description that I've been able to see as to the duties of this particular individual, the chief medical officer, and his powers and the utilization of those powers, and where the appointment process of that individual is subject to discretion of some sort. In other words, the minister may appoint that person, but it's not explained who else might do the appointing if the minister doesn't. Now, this is important, because the chief medical officer acts on behalf of the minister. It's not a discretionary action; it is a "shall." It states very specifically that the chief medical officer "shall, on behalf of the Minister, monitor the health of Albertans and make recommendations to the Minister."

Now, when we look at that particular subclause within the clause, what we see is that there is no real recording mechanism of the chief medical officer that is mandated within this piece of legislation, and there is no reporting mechanism back to the Legislative Assembly to ensure that in fact those actions are in the best interests of Albertans. The reason why it's important to note the lack of reporting mechanisms is that the powers, as I indicated earlier, of the chief medical officer are broad. The chief medical officer, besides monitoring the health of Albertans and acting as a liaison between the government and the regional health authorities, which might be benign activities, and also monitoring activities of the regional health authorities, in fact gives directions to the regional health authorities. That is not a benign activity, when one is giving directions, especially when one of those directions can be that a medical officer of health and a regional health authority or executive officer can be determined by the chief medical officer to not be performing their duties in a manner that the chief medical officer would like to see.

What's interesting to note is that as one of the powers that the chief medical officer has, this removal of the ability of a medical officer of health or executive officer of health to carry out their duties is based solely on the opinion -- and I know that everyone is listening very carefully to this -- of the chief medical officer. It doesn't have to be a medical opinion. It doesn't have to be an opinion based on scientific fact. It doesn't have to be an opinion that is in any way, shape, or form attached to an objective evaluation of the medical officer of health's or executive officer's ability to carry on their duties. It is an opinion in the broadest sense of the word.

When I originally prefaced my remarks by indicating that when we look at a section which says "powers" and we're talking about the chief medical officer of health and the broad ramifications of the powers which that chief medical officer of health has, what is interesting to note is that there is a no tempering of that power when it comes to the ability to remove an individual from a position they have been appointed to in order to carry on their duties with respect to the Public Health Act. The only check, if that is a check, on the chief medical officer's power with regards to the removal of the medical officer of health or executive officer is to put in writing the reasons. The reasons go to the medical officer of health, the person that's been removed, and, where applicable, to the regional health authority and to the minister. But there doesn't appear to be any redress of those individuals who have been removed that is put into place within the act. So here we have very broad powers that are given to an individual who can, in fact, quarantine at his will and designate any disease and place individuals under surveillance without any real checks and balances on that individual's power.

10:20

So the question -- and I always like to put questions forward in this Legislative Assembly because, as I indicated, the members are I'm sure actively listening, not passively listening, to the discourse on this particular item and on many other items we talk about within this Legislative Assembly. In order to help that active listening, I believe questions are a good way to promote active listening and perhaps some dialogue from each individual member as to why they should or should not support a bill. What we see is that there is no real answer, once more, as to why this person, the chief medical officer, has been given such broad authority and that there are in fact no checks and balances. There are no controls that are put onto this CMO with regards to performing certain functions of that individual's job.

It would be interesting to know what consultation has taken place by the Minister of Health with regards to these particular sections, 22.01(1) and 22.02(1), which talk about the chief medical officer. It would seem that in order to put forward this piece of legislation, there had to have been some consultation that took place with some of the key stakeholders in the health care field which would have indicated that these were the exact requirements that had been requested by those stakeholders in order to ensure that public health within this province is kept to a maximum, that in fact public health, which is of primary concern to Albertans, is the number one issue that is addressed by the implementation of the chief medical officer.

If I might -- and I don't believe it's a digression, Mr. Speaker -- just talk about the definition of chief medical officer that occurs, because in order to talk about the amendment where we talk about the chief medical officer, it is noteworthy to see that in the light of the definition itself. Chief medical officer is identified as "Chief Medical Officer of Health appointed by the Minister under section 22.01." If we refer back to 22.01, as I noted earlier, it indicates there that the minister "may" appoint the chief medical officer of health, not "shall," so I believe there is a contradiction within the bill itself. Perhaps we should have looked, now that I come to think of it, at recommitting section 22.01 as well, because I think we may well see it back in this Legislative Assembly in the near future, when they find there is that inconsistency. I'm just trying to save the government time and the taxpayers dollars -- I'm trying to save them as well -- and to ensure that we have the best legislation possible.

Now, when you look at the definition for medical officer of health, it's very clear that it has to be a physician. Nowhere in the definition of chief medical officer is there the definition that that individual has to be a physician or has to have any health care related experience. In other words, the Minister of Health might well be able to designate myself as the chief medical officer because there are no criteria within this particular act as to who that chief medical officer should be. Then I could "on behalf of the Minister, monitor the health of Albertans and make recommendations," and "act as a liaison" -- I think I could probably fulfill some of those functions, Mr. Speaker -- and "monitor activities of regional health authorities." But I might have a slight difficulty in actually providing "directions to regional health authorities, medical officers of health and executive officers in the exercise of their powers and the carrying out of their responsibilities under this Act."

It surprises me, other than perhaps it was an oversight, that there is no definition within the act that says the chief medical officer has to be a physician or has to have been involved in health care in some way, shape, and form, especially given the fact that one of those powers is to be able to remove medical officers of health, who are in fact physicians. Now, this to me is enough reason to recommit clause 22.02(1). I know that there is some desire to have within this province the position of chief

medical officer. But I do not believe that anyone in this province wishes to see legislation that's put forward that is incomplete and is not completely thought out to ensure that we have the maximum ability to protect the interests of Albertans. If there is nothing else we do within this Legislative Assembly, that must be one of our key functions: to ensure that we protect the interests of Albertans and that legislation that we pass is able to meet certain standards.

I look at this, and I see some of the key words within this clause. Unfortunately, I can extrapolate to how it interrelates with some other clauses within that have not been recommitted as yet but not to how it interrelates with some other clauses around the particular area of the chief medical officer, and there are gaps. There are distinct gaps. I believe these are gaps that the minister needs to address.

Now, the reality, as the Member for Edmonton-Norwood so aptly pointed out, is that we need to ensure that we have the best possible Public Health Amendment Act and I would even go so far as to say the best possible Public Health Act in this province that we can have. So in order to do that, it would appear that this particular section should be recommitted to ensure that the chief medical officer does not have powers or abilities that do not have the appropriate checks and balances to ensure that there can never be any unwise use of that particular power. Because the chief medical officer has the ability to provide direction to regional health authorities, because the chief medical officer can, on his opinion or her opinion alone, remove a medical officer, an appointed medical officer of health, or executive officer from their position, because the chief medical officer can also designate any disease that is not already listed as a notifiable disease as a disease under surveillance, these are enough reasons to ensure that in fact there are those checks and balances there.

At this point in time there is no real control over any of the actions of the chief medical officer of health. We are, in a sense, working on goodwill. We are hoping that the individual who is appointed to this position, who "may" be appointed to this position by the minister under 22.01 or who is appointed under section (b.2), depending on which clause you look at, that that chief medical officer of health can in fact carry out the duties. Again, we hope the minister has the foresight to realize that that chief medical officer of health, even though it is not listed as a requirement in the definitions, should be someone who has a recognized medical background so that individual can provide the functions that have been laid out to him in accordance with this particular act.

10:30

The clause itself is, again, interesting in its outline. It's interesting in the way the wording is provided. I wonder whether there was adequate thought given to the implications of those particular words. For once I believe that this particular clause is written in plain language that most Albertans can understand. Given that, the clause also is easy enough to understand in terms of what is and is not required by the chief medical officer and what is lacking thereof as outlined by these particular clauses.

[Mr. Shariff in the chair]

There are many other areas, Mr. Speaker, that I would love to be able to address, but I know that will not be acceptable given the confines of our discussion at this point in time. The whole issue of public health, I believe, needs to be addressed, needs to be looked at in terms of consistency in approach across all the regional health authorities. It is a fundamental basis upon which health care reform needs to be looked at, and unfortunately it has not occurred within the parameters of the reforms that we have seen in this Legislative Assembly over the last five years. In fact, this bill has provided us with some opportunity to bring forward the importance of public health to Albertans.

What we need to do in ensuring that public health remains in the forefront is ensure that it remains in the forefront in a positive way, that it is not a negative as a result of pieces of legislation we may pass. Again, to bring forward the concerns that have been laid in front of the Minister of Health with regards to many clauses within this particular act and in particular the chief medical officer subsection that we're dealing with tonight is to ensure that we have in fact -- and I keep coming back to it -- the best Public Health Act possible in this province and in this country.

Thank you.

THE ACTING 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 this motion on such an important issue across this province. That issue of course is public health.

The whole concept, Mr. Speaker, of public health in this province has come under close scrutiny in the discussion of this bill, but when we look at this recommittal motion that was proposed by one of my hon. colleagues and we're going to look at the sweeping powers of the chief medical officer, this motion is worthy of debate. I'm sure the hon. members across the House are going to listen keenly to what I have to say regarding this issue. It is very, very important that we get a chance to revisit this whole issue because I believe we overlooked it in Committee of the Whole, and it certainly needs to be readdressed.

Now, Mr. Speaker, the chief medical officer of health, as we've said earlier, is not required to report to anyone. He or she answers to no one in this province. They may have all the best of intentions, but every one of us is accountable to someone. We as hon. members of this House of course are accountable to the people of the province, and someone that's going to be given the huge responsibility of monitoring, maintaining public health and prevention programs in this province -- there has to be some form of monitoring.

Even when the chief medical officer is discussing information -- and this could be medical information of significant value and significant interest to the communities. It could be related to infectious disease. It could be related to an outbreak of tuberculosis in the far north, perhaps on one of our First Nations' settlements. It could occur anywhere, and what this person, he or she, this chief medical officer actually does with this information is very, very important. Without this section, without some sort of idea of what he or she can do, there can -- I'm not saying there will -- be situations where the wrong thing can happen. These sweeping powers, as I said, of the chief medical officer as described in this section 22.02 are of an urgent nature, and they call for a close examination by all hon. members in this House. We must be very cautious, and I urge all members to be very, very cautious about giving such sweeping, unlimited powers to one individual. Once again, for bringing this to the attention of all members of the House I congratulate one of my hon. colleagues.

Now, I would like to challenge, Mr. Speaker, all members on the government side to listen carefully to these concerns. These are concerns that I have, and I think that whenever they listen to their constituents, they will also hear these concerns at their own constituency offices. I say this to point out the fact that the problems of these sweeping powers that are given to the chief

medical officer may further harm our health care system. We know that health care is a nightmare in this province. We know that. Everybody acknowledges that. These problems, these nightmares, I believe, are unfortunately everywhere in the province. It doesn't matter which of the regional health authorities you visit. These problems are persistent, and they have to be solved.

Maybe this chief medical officer, in the duties that are outlined here, is going to be able to help out with this. Maybe. But accountability is one thing. The chief medical officer is to "monitor the health of Albertans and make recommendations to the Minister" of the day "and regional health authorities," but there are many ways that he or she does not have to report and many things that he or she does not have to report on, Mr. Speaker. He doesn't have to report on increasing individual accountability and public acceptance of responsibility for maintenance of Albertans' own health. He doesn't have to report on any programs enabling Albertans to lead healthy and independent lives. The chief medical officer doesn't have to provide a report of affordable, accessible, and appropriate, high-quality health services in appropriate settings and locales. This is getting back to the regional health authorities. It doesn't matter which one. It doesn't matter if it's north, south. It doesn't matter. The chief medical officer is at large.

[The Deputy Speaker in the chair]

The chief medical officer has to recognize the differences between all these regional health authorities, and this is not outlined in his or her powers, Mr. Speaker. The Department of Health and many of the regional health authorities use key performance measures to measure accountability. If it's good enough for all these government departments -- and I'm not going to get into the key performance measures in some particular departments at this late hour. We know that they're not working, but if key performance measures are going to be a focus and a focal point of this government, why don't they apply to the chief medical officer?

10:40

All hon. members of this House know confrontation and confusion are rampant under the current regionalization. RHA members may feel caught in the middle during this liaison process that we talk about here: "shall act as a liaison between the Government and regional health authorities, medical officers of health and executive officers in the administration of this Act." Now, the classic example of being caught in the middle. There is no accountability here, Mr. Speaker. None. Public health and safety can be compromised by this circle.

What happens, Mr. Speaker, if the chief medical officer discovers serious problems concerning measures that were designed by regional heath authorities to promote and protect the health of the public and to prevent the spread of disease? For example, if the chief medical officer discovered under the community-based restructuring that public health units and school divisions were not co-ordinated with their health boundaries, who and when would they become aware of this? These are questions that hopefully are going to be answered in this debate. One person selected should not have the only opportunity to influence the release of this or any other information that is important to the public health of all Albertans. This is a sweeping power. Who is going to be responsible for public health decisions that have already been enacted? Can this chief medical officer, he or she, be a whistle-blower? If they see wrong, as Robert Kennedy said, can they try to correct it?

Now, the chief medical officer in the release of this information that I spoke about before -- earlier, before I returned to the Assembly, Mr. Speaker, I had the pleasure of attending a meeting of great public concern regarding untreated pine shakes, and at this meeting I found out that there was a public health issue involved. The chief medical officer "may have information." This person, he or she, may have information that will affect asthmatics who are living in homes that are infected by this fungus. The fungus is on the roof. It attacks the untreated pine shakes on the roof. It goes in through the vents, down through the entire house. Well, I don't know where this information would go.

Now, there have been other issues involving untreated pine shakes where the public have not received all the information. If this chief medical officer with the sweeping powers that he or she has -- I don't know who he or she will answer to regarding this issue. We have the issue of the environmental concern that was brought up at this meeting. We have a treatment that, to say the least, is very, very suspicious whether it works or not, and this was discussed at great length at this meeting. Now, if this is to go through neighbourhoods -- untreated pine shakes are concentrated in neighbourhoods, and this spray would harm children, the natural watercourses that are surrounding these neighbourhoods. What information will the chief medical officer collect regarding the use of this? How will he or she use it? These are questions that we have to ask ourselves, because, as I said before, with these untreated pine shakes, the people of this province, people of many, many areas feel they have not been treated justly. While I was at this meeting, I knew I was going to have to come back here and speak about the unlimited sweeping powers of the chief medical officer, and I thought: my, my, my; this issue is very, very important.

[The Speaker in the chair]

Now, I can't help it if this fungus is insidious. People complain about the venting in their houses. They complain about the effect it's going to have on their children, their pets, their neighbours, their water. I don't know what the answer is to this, Mr. Speaker, but I would sleep a lot better tonight if I knew that this chief medical officer had the right and the power to say: "Hold on. This spray is not in the interests of the public because it is environmentally unsound and because it has proven to be economically deficient." Now I'm beginning to convince myself that perhaps we should let this person go and do their job. I think so.

MRS. SOETAERT: But who does he answer to?

MR. MacDONALD: I don't know who the chief medical officer will answer to, but certainly I hope that he or she could speak to any member of Executive Council if there was a problem. If he could have an annual report to the Legislative Assembly, it would be a good idea. In that annual report perhaps, like all other government departments, we could have some key performance measures in there. We could have economic indicators. We could have profiles on public health issues.

With those remarks, Mr. Speaker, I think I will take my seat. Thank you.

[Motion on amendment lost]

THE SPEAKER: The hon. minister to close the debate?

MR. JONSON: No.

[Motion carried; Bill 38 read a third time]

Bill 2
Conflicts of Interest Amendment Act, 1998

40. Mr. Havelock moved:
Be it resolved that debate on third reading of Bill 2, Conflicts of Interest Amendment Act, 1998, shall not be further adjourned.

THE SPEAKER: Hon. member, that motion is not debatable.

MR. DICKSON: Sorry; I jumped the gun, Mr. Speaker.

[Motion carried]

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

MR. DICKSON: Thanks very much, Mr. Speaker. I was too enthusiastic a moment ago to get into the debate.

On June 2, 1997, in this very Chamber we heard this comment: "It is in this atmosphere of public distrust and skepticism that governments have wrestled with the conflicts of interest issue." The author of those comments . . .

10:50

THE SPEAKER: Sorry, hon. Member for Calgary-Buffalo. You have already spoken on this bill, so I will have to recognize the hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Well, thank you very much, Mr. Speaker. I believe we're on third reading of Bill 2. Is that correct?

THE SPEAKER: Correct.

MRS. SOETAERT: Thank you. Well, it's nice to be a little bit on track.

Well, Mr. Speaker, actually I think I've spoken to Bill 2 before and expressed some concerns. I mean, anything that tightens up the conflicts of interest must have some good things. However, I do believe there are some things that have been missing from this bill, and that is why in committee we brought forward several amendments that regretfully were voted down. Several I spoke to, and I'm very disappointed to say they were just voted down, sometimes shredded before they were even truly looked at. So that disappoints me because I think this bill could have had more teeth, and it doesn't. It doesn't have as much teeth as I would like.

You know, on my way to the Leg. here tonight I heard on the radio an interview with somebody about a commercial that Telus had pulled. They pulled it because it was sensitive to the public. The person being interviewed said: "We pulled this because it was sensitive to religion, and you should stay away from religion and sexual exploitation. Why don't you go after something safe, like politicians? You can hit them in a commercial. Nobody will care." Now, that's what I heard on the radio tonight. Now, I'm sure many people in the audience chuckled and thought, Yeah, just hit those politicians." Quite honestly, that's what's sad. [interjections] I'm getting there.

This type of legislation I hope will make politicians respond to their role with more sincerity and more integrity. We use that word, I know: integrity in government, integrity in politicians, integrity in politics. Yet sometimes we don't live it. I think that's why there's such a pessimistic view of politicians out in the world. I know that when people meet politicians one on one, they'll say: "You know, that person's not such a bad person. They're quite enjoyable. I like what they have to say on different things." Well, not everyone. They actually have a sense of humour, some of them, not all of them. They actually find that maybe those politicians aren't all rotten.

DR. TAYLOR: Just the Liberal ones.

MRS. SOETAERT: No. The hon. Member for Cypress-Medicine Hat is trying to lead me astray again, Mr. Speaker, by alluding that all the Conservative members are the rotten ones, and that's not true. That's just not true, because I know Stony Plain isn't rotten.

AN HON. MEMBER: Pine shakes are.

MRS. SOETAERT: But pine shakes are.

Back to Bill 2. I'd like to focus on Bill 2 for a few moments, because time is precious and we don't have much time on this bill that's being brought to closure. Isn't it ironic that this bill on conflicts, this one that tries to raise the bar for politicians, has been brought to closure. You know, if we have expectations of politicians, they'll meet them. If we say there are no expectations, then what will be their goal? What will be the bar that they will have to meet? I regret that standing policy chairs were not included in this bill. I think they should have been. Some members agreed but didn't vote for the amendment. We've got to work at this communication process a little more.

I think there were several recommendations in the Tupper report that were left out, and that's regretful. In fact, there were only seven of 26 accepted. That's not even a third of the recommendations, for those of us who can do a little bit of math, and that's disappointing. Those were excellent recommendations. It was a report commissioned by this government, yet they ignored more than two-thirds of it. I will probably vote against it. I'm glad part of it is there. I'm glad the seven ideas are there, but what a pity that the rest of it isn't.

So with those few words, Mr. Speaker, I want to express my concerns once again that this doesn't have the teeth it should. We don't need scandals about HRG, about Multi-Corp, about all kinds of things. We don't need that in this Legislature, and I think the tougher the Conflicts of Interest Amendment Act is, the higher the bar will be raised. You know, it's a challenging job to be in politics, but I think we have to accept the fact that we have to live in just a bit of a glass house when we're in this job, as other professions do, especially if you live in a small community. I know that teaching in a small community, there's an expectation there of that person's behavior, and I think in politics it is the same, especially if you're in a community where you're well known.

So, Mr. Speaker, I am concerned that this isn't a strong enough bill, that it doesn't include all of the recommendations from the Tupper report, but I am glad -- we've gone not quite a third of the way, but we're starting to make progress in this area.

Thanks.

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

MS BLAKEMAN: Thank you, Mr. Speaker. I'm very pleased to have a final opportunity to speak to Bill 2, the Conflicts of Interest Amendment Act. There are a few things that I'd like to comment on around the impact of the final version of this bill and the effect we expect it to have on individuals and also on the government.

Conflicts of interest is a very interesting phenomenon in that it really affects politicians and their relationship with the public. In preparing to speak on this bill, I made a point of asking a few people that I've been in conversation with in the last couple of

days what conflict of interest meant to them. Did they know that we had a conflicts of interest bill in Alberta? What came out of that was that there was an expectation that politicians not only be honest and above reproach but appear to be honest and above reproach. So it's not only the doing; it's the transparency of it that's important to people. I think we're all aware of the many jokes about how politicians are dishonest and corrupt and they're not trustworthy and all of that. I hope that, for the most part, that in fact is inaccurate, but I suppose we wouldn't have need for it if there wasn't some grain of truth in it. Therefore, legislation like conflicts of interest is important.

This amendment act was looking -- I hope it was -- to incorporate some of the recommendations from the Tupper report. It's already been mentioned that about seven of the 26 amendments that were recommended by the conflict of interest panel have indeed been included in this legislation. As always, I am commenting and urging this Assembly to do the best job that we can do, so I'm supposing that we will have to have another amendment act sometime in the future that will incorporate the remaining amendments that have not been included in this go-round. That's a disappointment. I'd like to do it right the first time, if that's at all possible, but it appears that it wasn't possible this time round. So when the people look to us to not only be above reproach but to be seen to be above reproach, I would think the government would be supportive in doing that and would want to turn the tables to win back the confidence of the people, to put to rest the ugly rumours and the jokes that come forward, to hold their head up, to be regarded with credibility.

11:00

There are a few areas where the impact of this bill I think is not as strong as it could have been. One of those areas is that we didn't include senior officials. I suspect one of the impacts of this bill is going to be that increasingly the chairs of the standing policy committees and the senior officials of the various agencies and arm's-length agencies falling under the auspices of the government will be subject to increasing scrutiny and probably appropriately so. So I guess in a few years we'll have another amendment act back to try and deal with that.

There's also I think a lost opportunity here in not -- well, frankly, I think the government got a little hornswoggled in that we have two standards of where this conflict of interest applies as far as members are concerned. This is dependent on the sex and legality of domestic partners. Perhaps some would say that there was some poetic justice to the refusal of that, but we'll move on. I think it adds a lack of credibility to what we're doing, that this omission was made, a lack of consistency.

I'm also interested in covering the senior officials. I think that one of the effects of this bill is going to be increased scrutiny on those individuals without the protection of the Conflicts of Interest Act to guide them and to give them a plan to follow. There are a number of those: as I said, the chairs of the standing policy committees, the deputy ministers, and for instance the CEO of the WCB, heads of the RHAs, apprenticeship board, Agricultural Research Institute, Irrigation Council, Human Rights Commission, Economic Development Authority, Alberta Opportunity Company, Alberta Racing, Alberta Energy and Utilities, Cancer Board, Labour Relations. There's quite an opportunity there to place those senior officials in an uncomfortable position.

However, I was pleased to see the inclusion of the preamble, which spells things out a bit more clearly, and expanding the definition of the securities that the ministers must keep in a blind trust. That, I think, is also an area that needs . . . [interjection] Well, yeah, that has confused me a bit, because I thought that if there was a blind trust, all things would be in it and the person wouldn't necessarily be aware of it, so I am rather curious.

MRS. SOETAERT: And you don't know where a fishing lodge would fit.

MS BLAKEMAN: Well, I'm not sure where a fishing lodge fits. Yes, I'll admit that. It has confused me a bit. That is an example of where transparency is difficult to justify here, and I don't understand it.

The other thing that is in the bill that I think is a good move in the right direction is the broadening of the provisions concerning the government contracts and spelling that out more clearly. I think it's perfectly appropriate that the Leader of the Opposition is subject to the same limitations as cabinet ministers. I'm glad there is a five-year review of the act that is incorporated into it. I'd like to actually see that section involved in more of the pieces of legislation that we do. As the world moves faster and faster and things change at a faster rate, I think it's incumbent upon us to recognize that a structured review is necessary, and I think it should be a review by this Assembly, in other words an all-party review, seeing as it does affect members on all sides of the House.

Those were a few of the comments that I wanted to make on this bill. I think it is a step in the right direction. I would have liked to have seen it strengthened. I think we could have gone further. It would have saved us having to mount this all again in a short period of time. It seems to be a matter that is under constant revision, and perhaps that's appropriate, but it does take us a while to get it back into the Legislative Assembly to debate.

I think the most important part of this legislation is restoring public confidence and public trust in what we're doing. There is a move away from having legislators be in control. Certainly when we look at the possible effects of things like the MAI and a move into the corporate sector and away from the control of the people through their elected representatives, I think it's even more important that we be able to hold our heads up high and to work at things with a clear conscience.

With those few comments to wrap up and speak to this bill in third reading, I will thank you for the opportunity, Mr. Speaker.

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

MRS. SLOAN: Thank you, Mr. Speaker. I'm pleased to rise at third reading on Bill 2. I have some concluding comments with respect to the omissions in this bill.

AN HON. MEMBER: It's not a health bill.

MRS. SLOAN: No, it's not a health bill, but it does apply equally to all Members of the Legislative Assembly, including myself, and in that respect I'm, I believe, equally versed and obligated to debate this bill this evening.

There are several inconsistencies and omissions in the bill which have not been addressed by the sponsor of the bill or the hon. members on the government side. One omission is an inconsistency where the terms spouse, person directly involved, and person directly associated with the member seem to be used throughout the proposed amendments in an interchangeable way. I'm not sure what the difference is between those three references or why in fact, if we were looking for consistency in a strengthening of the Conflicts of Interest Act in this province, as the Tupper report recommended, we would not do a simple thing like use a

consistent term to describe persons directly associated with the member, whether they be a spouse or otherwise. That's an inconsistency, and I suspect at some point in the future it may lead to a different interpretation, and I'm not sure who, Mr. Speaker, would be empowered to address that inconsistency or to make a determination about what makes a person directly involved different from a person directly associated or, further, different from a spouse.

The other aspect of the bill that is concerning to me that also has not been addressed is that my understanding of why this whole bill was brought forward in the first place was to respond to what is most commonly referred to as the Tupper report but in fact is formally referred to as Integrity in Government in Alberta: Towards the Twenty First Century, and it was commissioned and released by Newman, Saville, and Tupper in January of '96.

11:10

There were three parts to that report. The government has addressed one part of them, again, what some might refer to as a halfhearted response in the face of a substantive and very well-thought-out deliberation on conflict of interest and what needed to be done to strengthen our laws and support all members of this Assembly in making a determination about what their responsibilities were and also what they needed to be alive to with respect to conflict of interest.

Two-thirds of the recommendations in the report that this government has not addressed included the recommendation that lobbyists should be registered, and the other section was that appointed officials should be encompassed in the act. Now, there's an interesting tidbit for debate: appointed officials. That term has taken on a life of its own, Mr. Speaker, in this province. We now have appointed officials governing our regional health authorities. We now have appointed officials proposing to run our systems of children's services and child welfare. Well, actually even tonight we had another reference to the chief medical officer and a suggestive statement being made that this in fact might be another position that would be appointed by this government, yet none of those individuals are required by law to follow any kind of framework with respect to conflict of interest. Why would they be any different than we as Members of the Legislative Assembly are? We're elected, which is a distinguishable difference, to represent and advocate and articulate the concerns of our constituents. In many respects appointed officials, because they have not passed the test -- they have not been elected -- should be subjected, in my opinion, to a higher bar of accountability with respect to conflict of interest, because the very nature that they're appointed would suggest that they're at greater risk for conflict of interest.

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

Point of Order
Third Reading Debate

MR. HERARD: Thank you, Mr. Speaker. *Beauchesne* 620 at page 509. We're in third reading, and I guess making a statement that something isn't in a bill isn't offensive in itself, but when it enters into debate, then it should more appropriately have been done in a different part of the procedure, perhaps under second reading or committee. This member persists in adding a whole lot of debate to the statements that she makes with respect to the deficiencies that are not in the bill. I guess making a statement is no problem, but debating it I think offends the practices.

THE SPEAKER: Hon. member, did you say *Beauchesne*?

MR. HERARD: Yes.

THE SPEAKER: *Beauchesne* 509?

MR. HERARD: Yes, 509.

THE SPEAKER: Page 509?

MR. HERARD: That's what I understand, Mr. Speaker.

THE SPEAKER: No. The wrong book. *Beauchesne* only has 400. You must mean *Erskine May*.

MR. HERARD: Perhaps.

THE SPEAKER: Anyway, it has to do with debate on the bill. There's considerable scope given to third reading on the bill, but it's also very true that one should speak to the contents of the bill rather than the omissions of the bill.

MRS. SLOAN: I am specifically and generally speaking about the parameters and the framework from which Members of this Legislative Assembly or others serving in capacities in an appointed fashion might make decisions around conflict of interest. I think this strikes to the heart of what we do in this Assembly, and for that very reason there should be a significant breadth of debate and discussion permitted on the content of this bill. I am completely respecting the Speaker's references and guidance with respect to this bill, and I am also completely respecting the obligations that I have as an elected official to meet the highest possible test when it comes to the issues surrounding conflict of interest or perceived bias or perceived conflict of interest and how it is we measure those things in this province.

Debate Continued

MRS. SLOAN: Perhaps in some respects we're in our infancy with respect to this, although this province has had a history where the issue of conflict of interest has been put to the test. Subsequent to some of those occurrences we've seen a report produced. We've seen recommendations made, and following that, we see a bill proposing amendments placed before the members of this Assembly. But I think one of the obligations of the opposition is to very much magnify and articulate for the purposes of educating the public what aspects or issues the proposed bill does not cover.

There might be hypothetically, Mr. Speaker, a government that really wants to champion this bill and say to Albertans: we are doing our absolute utmost to ensure that Albertans can be completely assured that their MLAs have the highest possible, the most stringent requirements with respect to conflict of interest. But that's not the case with this bill. It is absolutely not the case. In fact, if Albertans were interested in reading it, we have a substantive report, but this bill does not reflect the substantiveness of recommendations that were made with respect to that. So while procedurally there may be some parameters with respect to debate at third reading, I think if we are alive to what our role is within this Legislature, this type of debate is exactly the type of debate that should be encouraged, not only allowed but encouraged.

There were a couple of aspects, I think, in terms of conflict of interest. I have had experience with conflict of interest perception, the conflict of interest in the writing of guidelines, and conflict of interest in another capacity. It's very difficult to anticipate what types of issues might be perceived, directly or

indirectly, as a conflict of interest in conducting one's duties in an elected position. The problem, when we do not have consistent terminology or a consistent process or manner for dealing with those issues, is that it really becomes quite obscure, I guess, what the interpretation is. That then places members and the whole Legislative Assembly at risk of having something in perhaps a contrived or ill-conceived way raised in an inappropriate fashion.

A couple of things that I think perhaps this government, this Legislative Assembly could follow with respect to conflict of interest. Of course, the amendments to this bill are just the first step. There's a tremendous amount of weight and process in the interpretation, and all of that of course will occur outside of this Legislative Assembly and beyond the confines of debate. But I think that the process certainly, particularly for members who are new in the Assembly, needs to be much more integral to the orientation and the education of members as they begin their term of office. The reality, I think, is that perhaps as well in the capacities in which we serve there should be differing levels of descriptions with respect to conflict of interest.

11:20

I would not for a moment think that I would be as frequently placed in a position as perhaps a minister would be where there are a variety of contracts being negotiated or where there is a transfer of public assets or where there is perhaps a particular directive or a legislative action that's going to be taken that could be advantageous or disadvantageous to the particular interests broadly, generally, or specifically. I'm not in a position as a member of the opposition to be completely descriptive in that respect, but it would seem to me that ministers, certainly members of Executive Council, are placed at a much higher risk for those types of things. So if we have the same type of process, I would say minimal in its description, I guess I'm questioning what support, what assistance, what mechanisms are available to them, in addition to the Ethics Commissioner, to deal with those types of decisions and deliberations.

I have to also just touch again upon the appointed officials issue. We know with complete certainty that appointed officials are dealing with those very same things, Mr. Speaker. They're dealing with the negotiation of contracts. They're dealing with the acquisition of assets, with the sale of assets. They're dealing with making decisions about the delivery of services and how in the future those might be delivered and what degree of market, if you will, particular groups will be afforded. Again I ask the question: are these members, appointed officials required to operate within any framework or mechanism of conflict of interest? I am assuming that the answer is no, because I'm not familiar as a Member of this Legislative Assembly or previously as a private citizen with whether there was any type of framework for citizens to judge whether or not appointed officials had to -- actually, I've just thought of a good example, and this is a real-life example.

I had a constituent come to my office who had a particular problem relating to a government department. In a very professional manner in attempting to advocate for that person, I asked if I could speak with the representative of the appointed body. That person came to my office with the government relations person, not appointed but employed by that division of the government ministry. The issues that we were talking about were unquestionably confidential. We had a discussion about how this matter should be dealt with, and I was directed by the representative of the appointed body that I should direct this and the confidential information to this government relations employee. I said: well, okay.

I asked the individual if he practised by a code of ethics or if he had to swear an oath of confidentiality. I knew as a member of this Assembly, acting as this constituent's representative and as a registered nurse abiding by my professional code of ethics, that I was required to and would operate and conduct myself in a certain way. But this individual did not, and he didn't see that that was a problem, nor did his superior. So then I pointed out that the government representative had a particularly close relationship with an individual that worked in the Premier's office, and how was I to be sure that the confidential information I was providing to him about my constituent would not be transferred when there was no framework, when there was no oath of confidentiality that could be produced? How was I to be sure that my constituent's confidential information, personal information, was not going to be transferred inappropriately? I had no assurance, Mr. Speaker. How that meeting ended was those two representatives stormed out of my office after an abrupt end to the discussion. So basically I was left with no resolution to the issues that the constituent had asked me to address.

DR. WEST: Listen to yourself. You were trying to be politically correct. That's all. You weren't doing what was right.

MRS. SLOAN: Well, unfortunately, Steve, I have a higher bar of ethical conduct. Excuse me. I was provoked, Mr. Speaker. I was absolutely provoked.

THE SPEAKER: Well, hon. members, let's focus on the chair, who is very attentive to the comments. Let's speak to him and ignore the rest of the world.

MRS. SLOAN: Thank you, Mr. Speaker.

So, in essence, I had no resolution, and that is exactly why this bill should be more than it is.

With those comments, Mr. Speaker, I'll conclude. Thank you.

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

MS OLSEN: Thank you, Mr. Speaker. I take the issue of conflict of interest ethics very seriously in this Legislature. My colleague from Spruce Grove-Sturgeon-St. Albert had previously stated that we often have to live in a glass house and that in fact people in small communities have a higher standard. Well, the bar is very high for us.

I recognized in my previous profession, Mr. Speaker, that I in fact had a very high standard to live to. I took on that responsibility, and I believed in what I was doing. I believe that members in this Assembly also believe very much in what they're doing and that they like the process that we have, but what we have to do is really look at the rules and the laws that we have to abide by. We as politicians must be concerned. We must be concerned about undue influence, conflicts of interest, and quite frankly downright dirty-handed politics. We know that there are a number of politicians who have found that the big house doesn't necessarily mean the Legislative Assembly. In fact, we just need to look to Saskatchewan, where Conservatives in pinstriped suits takes on a new meaning. Those stripes got pretty wide.

Mr. Speaker, if I could just quote from the book *Honest Politics: Seeking Integrity in Canadian Public Life*, by Ian Greene and David P. Shugarman. In the preface on page viii they speak to ethics as being "not about playing 'Gotcha' -- it's about respect for people." Really, when you look at our position and where we are and what we do, we do have to have respect for the

process. We do have to have respect for the constituents and for Albertans, and we do have to acknowledge that we have to live by a set of standards and rules that they don't have to. We chose this profession. We chose to be here, and the bar is very, very high.

11:30

Mr. Speaker, we see this conflicts of interest legislation arising out of an incident back in 1994, I believe. In fact, the eminent persons' panel was put together to discuss Integrity in Government in Alberta: Towards the Twenty First Century, the report that was commissioned by the Premier after the Multi-Corp incident. We found in this particular province that maybe our conflicts of interest legislation needed to be reviewed because maybe it just wasn't tough enough or didn't do the trick. We needed to look at legislation that was in fact going to say exactly what it is that we need to do.

Now, I've said over and over again that we do not want conflict of interest legislation to be so onerous that we can't breathe. On the other hand, there were a number of recommendations made to this government, and those were particularly good recommendations. I find that maybe sometimes when you've been in a position too long, you lose touch with reality and start thinking only of yourself and not beyond. Sometimes when governments are in power too long, they just pooh-pooh what other people see as necessary. Let's not forget that in the grand scheme of things, on the scale of respect for professions we do not rate high; we rate very low. Mr. Speaker, I give you much credit for attempting to bring that respect back into this Legislature and working very hard at that.

MRS. SOETAERT: It must be the last night or something.

MS OLSEN: No, I mean that sincerely. There is a process, there is a history to the Alberta Legislature, to every Legislature, and quite frankly sometimes we cross the line. I think it's important that we be brought back into focus, and I think that in this Legislature we're very fortunate that that happens to us.

However, Mr. Speaker, the Tupper report, as it's known, outlines a number of different issues. Given that seven out of 26 recommendations have been adopted, that doesn't speak very highly for this Legislature in terms of trying to adopt a set of very acceptable rules that we can live by. If I can quote from page 3 of the Integrity in Government in Alberta: Towards the Twenty First Century report of the Conflicts of Interest Act Review Panel, it states:

> Major changes are required if Alberta is to have a conflicts of interest system that meets public expectations, stands the test of time and provides the province with guidelines that are second to none in Canada.

Therefore the panel recommended 26 changes, and they're major changes. This government has seen fit to only adopt seven of those particular recommendations.

I have difficulty with a government that in fact, Mr. Speaker, commissions an eminent persons' panel and then turns their backs on the very recommendations that that particular panel puts forward. If we had the trust to appoint these people to study the legislation, then why in fact have we not or can we not put faith in the recommendations that they have so well researched?

As I stated, every province has some legislation that they have to live by. I would state that in fact the Multi-Corp affair was solely responsible for the attempts to change this. If that wasn't a key in identifying a real need, then I'm not sure that this government is very serious about passing legislation.

When we look at those folks that we put on the panel, I would suggest that those people are in fact very much in a position to be able to offer us advice. They made recommendations, even changing the name of the act. Some of those recommendations were to have lobbyist registration. That seems significant in the fact that we do have standing policy committees in this province, Mr. Speaker, and those standing policy committees get lobbied all of the time. That's why people come before them: to state their issues, to put forward a concern, to lobby them. Other Legislatures have a lobbyist code of conduct, but we don't even want to walk down that road.

Some of the other recommendations are that the act should be expanded to cover the registration of lobbyists and that the act should cover apparent conflicts of interest. I think that is very important. We have to not only be able to see what has or has not been done, but if there's something that apparently is out of order or appears on the surface to be something that may be untoward or unscrupulous, then in fact we need to be able to deal with it. We need to give the Ethics Commissioner that broader power to be able to investigate those issues. In most cases, Mr. Speaker, he will in fact put all of those particular questions to rest, but if he doesn't have the ability through a piece of legislation to address the issue, then you never know -- the public never knows, Albertans never know, and we as legislators never know -- whether something was or was not appropriate.

AN HON. MEMBER: It isn't good enough.

MS OLSEN: It isn't good enough.

It was recommended that senior public servants with influence over policy decisions be covered in this act. I would note that the government came out with the new conflicts of interest legislation for senior officials, but you know what? It excludes some of the very people who have tremendous influence: it excludes the political staff of this government. Quite frankly, I think that's appalling. That isn't good enough.

It's recommended that those of us covered by the act should be required not only to avoid financial conflicts of interest but to act impartially in the performance of our duties. I think that's very critical, Mr. Speaker. We need to be able to show impartiality. In fact, when I look at conflicts of interest legislation, the United Nations has a draft international agreement on illicit payments. It has not yet been implemented or proclaimed, but it states that

> if it was enacted, each contracting state would agree to make it a crime under domestic law:
> - for any person to offer, promise or give, to or for the benefit of a public official, or
> - for a public official to solicit, demand, accept or receive (directly or indirectly)
>
> undue consideration for performing (or refraining from the performance of) his/her duties in connection with an international transaction.

So we recognize at the very top levels in government that people need to be covered and public officials need to be covered, and therefore the UN has this draft agreement. Hopefully we'll see something implemented. Fortunately, we in this province have what's called the Criminal Code of Canada. It's quite a large book, and certainly in here there are some criminal offences in relation to a specific activity with public officials, but we're not talking about necessarily going that far or that anybody in this Assembly would go that far, in terms of bribery and those kinds of things. Certainly what we want to do is we all want to be educated. We all want to know what the rules are. We all want to know what the boundary is, and we don't have that boundary

without solid legislation. We don't have it without including apparent conflict of interest. So there are all of these issues to be considered.

11:40

Mr. Speaker, we should also have to take the responsibility and ensure that our spouses and our children and any associates know what it is in relation to conflicts of interest, know what the conflict of interest is. We want to make sure they're all educated, that they avoid those conflicts, because we have seen in this Legislature, again with the Multi-Corp affair, that a certain specific individual was actually found to be in conflict. In fact, the authors of this book *Honest Politics* take their job very seriously, and they found that the Ethics Commissioner in that case took responsibility for that individual's failure to report the circumstances of an acquisition, and that would be the Multi-Corp shares. So in this book they say that the Ethics Commissioner was far too lenient, and I would suggest that we don't want to have those kinds of things happening. We want the Ethics Commissioner to be able to do his job. We don't want him to be put in a conflict. We wouldn't want that kind of thing happening. So those are some of the things.

Again, we go back to the issue of the standing policy chairs. I would put to this Legislature that those chairs have far more influence than the Leader of the Official Opposition. [interjection] Thank you. Mr. Speaker, the minister of science, research, and information technology agrees with me. Given that, I would want to know why he would not then support or speak at least to the issue of including standing policy chairs in the legislation. The Leader of the Official Opposition is included, and we think that is a good thing. We want the Leader of the Official Opposition to be included, but we also want to see the standing policy chairs, who quite frankly have far more influence on government decisions than the Leader of the Official Opposition ever will. So if you can conclude that the Leader of the Official Opposition can in fact be held accountable under the act, then why would you not conclude that chairs of standing policy committees must also be held accountable under the act?

Mr. Speaker, there are a number of other issues here. Let's talk about the six-month cooling-off period. The six-month cooling-off period: in the Tupper report there was, in fact, a recommendation to extend that period to 12 months. I think that was a tremendous idea. However, we do only now have a six-month cooling-off period, and I believe that is far too short. I believe also that we push the edge of the envelope with this particular section, and we also in the act give the Ethics Commissioner the ability to waive any such cooling-off period. So I, in fact, would have liked to have seen that section taken out as well. We need to tighten up the entire act.

We also have the duties of the Ethics Commissioner, Mr. Speaker, and the Information and Privacy Commissioner. That position is held by the same individual. I have some difficulty with that, in that each one of those positions is very, very important, so they should be a stand-alone position. I think that's something that was also recognized by the Tupper inquiry, and that did not happen. I would also suggest that we do need tougher legislation, we do need legislation that we are all very comfortable with, and I would suggest the Tupper report was giving us that opportunity.

I'd also, Mr. Speaker, like to recommend an excellent book for all of us in here. I think this book called *Honest Politics* brings home some things that we all should be aware of. I'd just like to close with a quote from this book, if I may, on page 3. It states . . . [Ms Olsen's speaking time expired]

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

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

MR. WHITE: Thank you, Mr. Speaker. This particular bill speaks to the ethics of us all, those of us that depart this Chamber also, and it's interesting to note that when you speak of ethics . . .

Speaker's Ruling
Decorum

THE SPEAKER: Hon. members, you know, the chair is thoroughly enjoying the wonderful participation being made by all hon. members tonight, and I wish that you would join with me in hearing the contributions.

MR. WHITE: I thought we were speaking of ethics, Mr. Speaker.

THE SPEAKER: Failing that, hon. members, may I refer you, please, to Standing Orders, especially 13(1), which is very good reading, but of greater interest is Standing Order 10, which is a great policy for implementation in 1999 by the Speaker.

Debate Continued

MR. WHITE: I'm sorry, Mr. Speaker, that I missed memorizing that particular item in Standing Orders, being 10, but I assume it had to do with common courtesy as opposed to ethics, which in fact, if the members would remember correctly, is probably similar. It comes from a similar bailiwick as you learned at your mother's knee, if in fact you did or if in fact we all did.

Ethics is an interesting subject in dealing with politicians because it is generally accepted that politicians are about as low as you can possibly get. It has been my general experience over the course of a number of years in and around this honoured profession that that is not the case. Most hon. members are in fact that, very honourable. They give of their time, and some of them devote a great deal of their life, to their net detriment financially, to this honoured profession. Quite frankly, it probably has more to do with our proximity to the United States and United States' television, which seems to make light on a regular basis of those indiscretions that are practised. Of course, I can't say that that is totally and completely out of the realm of possibility in Canada, certainly, because there are and have been a number of cases that deal specifically with ethics. We're not immune to having to play by the rules, but we all know basically what the rules are, and we know how one should act and react.

I'm reminded of a retired politician that I ran into back in the early '80s, and his recommendation was simply this. If you can eat it or drink it in half an hour and then still deliver another half hour of a cogent speech, you're probably safe in consuming or eating that, and it would not be considered to be any kind of a bribe or anything untoward. Taking that to heart has kind of limited one's eating and drinking habits over the years, but it certainly has kept me out of the courts.

11:50

This particular piece of legislation is good as far as it goes, but it's fairly deficient in recording that which we really feel and know to be true about the ethics of those that are in this Chamber and those that leave it. I'd like to speak particularly about people who do leave this Chamber. Now, a six-month cooling-off period in the normal course of events is sort of a reasonable time frame, and this piece of legislation does not modify that, although it should probably have been expanded to 12.

Let's just examine that now. [interjections] I'm getting

absolutely no message from across the way. The Minister of Energy has come up with none. He's . . . [interjections] Thank you for the reminder. The Minister of Labour has reminded me that the microphone is on and I should not be watching the Minister of Energy, how little he has of it at the moment, being 5 to 12. [interjection] He is entertaining at times though.

However, ethics are the matter of discussion today. Back to the six-month cooling-off period. Now, I would think it would be reasonable to have that period extended, particularly when you are dealing with very, very powerful members of that cabinet. Certainly there's a pecking order in all cabinets, and there are two particular members that should have that extended for sure. I'm speaking of probably the Treasurer and the Attorney General certainly, because those two members of cabinet transcend all the other cabinet areas, and if there's any influence to be lent at that time, they would be able to have that influence after leaving these Chambers.

Mr. Speaker, I'm reminded of a recent departure, I think just at the last election, when one member of this Legislature took on a job with one of the largest if not the largest corporations in the province of Alberta. Yes, it was within the rules at the time and certainly it was not in the area that he had worked directly in, but quite frankly it appeared to most of us -- it was very difficult for this member to believe that that was ethical conduct.

However, moving on, there's another area that I particularly like too. It's an area that I'm very close to that happens to deal with the Leader of the Opposition. Having known a number of them, I feel it's well that the legislation is amended to include the Leader of the Opposition in similar rules as they apply to current cabinet ministers, which is a reasonable amendment to say the least.

Another one that I thought would not need clarification, but this government's on-and-off tendency to work around the rules or the edges of the rules now and again -- I would have thought that it would be a natural that an Ethics Commissioner could reopen a file at any time that commissioner felt there was some reason to open that file. I wouldn't think it would require an amendment, although it does seem to have to be amended, and this government should be commended for bringing that to the fore.

Now, I would think that this particular piece of legislation could have been much more effective had there been some public hearings on it, taken to the people to understand what these particular amendments would mean, but that of course was not the case. Not only was that not the case, but the full Tupper report wasn't really publicly reviewed either. I think there was one brief article in the local newspaper that covered it, but there wasn't any kind of discussion of it at all. I had to dig it out to read it personally to find out how in depth they actually went into it, the members of the commission.

MR. DICKSON: Now there's a *Hansard* record for members to review it.

MR. WHITE: Yes. Now, of course, there'll be a *Hansard* for all members of the public to review to understand fully what the implications of this bill are or are not.

There are a number of areas in which this particular piece of legislation was deficient, you know, but we can't speak of that now for fear of getting page 509 of *Erskine May* thrust this way. I will not venture there at all.

I really think there is some reasonable expectation of some silence in this Chamber now and again. It happens so infrequently that it shakes one up. I shouldn't be distracted by the silence in the room periodically.

I recognize that the birth of this legislation is coming directly from a Multi-Corp investigation, which really should not have ever occurred. Quite frankly, I believe now, but I didn't then, that the Premier really did not know a great deal about what was transpiring around that. Fortunately he was cleared of it so that we could get on with the business at hand here. Both sides of the House spent much too much time concerning themselves about that matter, although not only in this particular case must justice be done, but it must be seen to be done. That's what this piece of legislation does, and quite frankly, I would like to see another much fuller debate much before the mandated five-year review. But that is a very good step.

Mr. Speaker, I gather the time is just about up, and so I would take . . . [interjections] A motion to soldier on. Thank you very much indeed.

If all of the children that could ever come and visit this Chamber could see this Chamber in the high spirits it is in now, they would be most pleased with the performance of both sides of the House.

Mr. Speaker, thank you very kindly for your time. It's so very close. [interjections] Do not yield. I shan't yield, but if you rise, I shall be forced to take my seat, sir. On the edge of his seat, wanting not to end the debate, it is very difficult. Oh, yes.

I don't know why one would ever want to amend the bill on ethics with such a fine group of folks as this. How could you possibly want to tighten up any rules at all? If it deals with anything, it deals with ethics, the fine ethics. I am so pleased to be here.

Thank you, sir.

12:00

THE SPEAKER: Due notice having been given by the hon. Government House Leader under Standing Order 21 and pursuant to Government Motion 40, agreed to earlier, under Standing Order 21(2) I must now put the following question. On the motion for third reading of Bill 2, the Conflicts of Interest Amendment Act, 1998, as proposed by the hon. Minister of Justice and Attorney General, does the Assembly agree to the motion for third reading?

[Motion carried; Bill 2 read a third time]

THE SPEAKER: The hon. Government House Leader.

MR. HAVELOCK: Mr. Speaker, pursuant to Government Motion 34, agreed to by this Assembly on November 17, 1998, I move the House stand adjourned.

THE SPEAKER: Hon. members pursuant to that motion the House is adjourned. Merry Christmas. Happy New Year. Happy Hanukkah. Joyeux Noël.

[Pursuant to Government Motion 34 the Assembly adjourned at 12:02 a.m.]